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# The Health of Blackburn 1969



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COUNTY BOROUGH OF BLACKBURN



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# Annual Report on the Health Service for the year 1969

J. ARDLEY, M.B., B.S., D.P.H.,  
Medical Officer of Health

“ Vouchsafe to those that have not read the story,  
That I may prompt them : and of such as have,  
I humbly pray them to admit th’ excuse  
Of time, of numbers and due course of things,  
Which cannot in their huge and proper life  
Be here presented.”

*Shakespeare’s “ King Henry V.”*



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# HEALTH AND SOCIAL SERVICES COMMITTEE

## *The Mayor*

COUNCILLOR E. GREGSON

## *Aldermen*

SIR G. B. EDDIE (*Ex-Officio*)

McNAMEE

MOTTERSHEAD (*Ex-Officio*)

## *Councillors*

ASHWORTH

LEWIS

BARKER

MARSDEN, T. (*Ex-Officio*)

BEARDSWORTH

MURRAY (*Vice Chairman*)

BRAMWELL

PROOS

FOULKES

WATSON H.

HAWORTH, N. R.

WATSON, J. E.

HUTCHINSON

WORSWICK (*Chairman*)

JOHNSTON



# PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

*Medical Officer of Health and Principal School Medical Officer*

J. ARDLEY, M.B., B.S., D.P.H.

*Deputy Medical Officer of Health and School Medical Officer*

P. A. GARDNER, L.A.H. (DUBLIN) D.P.H. (from August)

*Assistant Medical Officers (full time)*

BERYL L. SEPHTON, M.B., Ch.B., D.P.H.

SARAH N. JOSEPH, M.B., B.S., D.R.C.O.G., D.P.H.

SARAH A. FERGUSON, M.B., Ch.B.

P. RUSSO, M.B., Ch.B.

*Assistant Medical Officers (part-time)*

M. M. THIERENS, M.B., Ch.B.

S. V. JOSHI, M.B., B.S., D.C.H.

M. A. BARI, M.B., B.S. (to Sept.)

H. B. KELLY, M.B., B.Ch. (to Sept.)

R. PENDLEBURY M.B., Ch.B.

P. H. STEWART,

P. N. RAMPAL, M.B., B.S. (from Jan.)

*Part-time Consultant Medical Officers*

J. EVANS M.D., F.R.C.S. (Oto-Rhinology)

L. READ, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (Venereology)

R. WARD, M.D., M.R.C.P. (Chest Physician)

P. R. STEVENS, M.R.C.S., L.R.C.P., D.O. (Ophthalmology)

J. G. THURSTON, B.A., M.B., B.Ch., M.R.C.O.G. (Obstetrics & Gynaecology)

D. M. SOMERVILLE, M.B., Ch.B. (Ophthalmology) (from April)

*Dental Officers*

J. RIGBY, L.D.S. (Principal Dental Officer)

J. GREGSON, B.D.S.

W. BLACKWELL, (*part time*)

BURKE MRS. L. G. (*part-time*)

*Public Analyst (part time)*

R. FAWCETT, F.R.I.C.

<i>Chief Public Health Inspector</i>	abcd	F. B. ADDY
<i>Deputy Chief Public Health Inspector</i>	abc	C. AINSWORTH
<i>Superintendent Nursing Officer</i>	a	Miss L. M. BROWN, S.R.N., S.C.M., H.V.Cert.
<i>Deputy Superintendent Nursing Officer</i>		Miss M. E. THOMAS, S.R.N., S.C.M., H.V.Cert., Q.S.
<i>Non-Medical Supervisor of Midwives &amp; Superintendent District Nursing Service</i>		Miss A. O'CONNELL, S.R.N., S.C.M., R.F.N., Q.S., H.V.Cert.
<i>First Assistant Superintendent District Nursing Service</i>		Miss C. M. HAYES, S.R.N., S.C.M., Q.S.
<i>Public Health Inspectorate</i>		
Sampling Officer	abe	T. G. MARSDEN
Senior Meat Inspector	ab	E. DUERDEN
Factories & Smoke Abatement Officer	aci	J. PYE, A.I.Plant.E.
Senior Housing Inspector	a	F. FORREST
Shops and Offices Inspector	a	N. MORRIS
District Public Health and Assistant Meat Inspectors	6	
Assistant Housing Inspectors	2 (posts vacant)	
Technical Assistants for Smoke Control	2	
Pupil Inspectors	3	
Rodent Operators	5	
<i>Medico-Social Work, Health Visiting and Clinic Nursing</i>		
Medico-Social Workers	29	
Health Visitor/School Nurses	6	
Student Health Visitors	3	
Clinic Nurses (including part-time)	13	
<i>Midwifery Service</i>		
Midwives (including part-time)	11	
<i>Home Nursing Service</i>		
District Nurses :		
Full-time (including 1 male nurse)	10	
Part-time	11	
State Enrolled Nurses	3	

<i>Day Nurseries</i>	
Matrons	5
Deputy Matrons	5
Nursery Nurses	10
Wardens	2
Others	21
Domestic Staff	23
(including part-time)	
<i>Mental Health Service</i>	
Senior Mental Welfare Officer	(j) A. NELSON, S.R.N., R.M.N.
Mental Welfare Officers	5
<u>Adult Training Centre</u>	
Manager	A. CARTMELL
Deputy Manager	F. HOWARTH
Instructors	6
<u>Junior Training Centre</u>	
Supervisor	(f) Mrs. J. HOLDING
Assistant Supervisors and other staff	5
Domestic Staff	2
<u>Hostel for Mentally Subnormal Adults (Males)</u>	
Superintendent	T. CLARK
Assistant Superintendent	Mrs. E. E. REEVES
Domestic Staff	4
<u>Hostel for Mentally Subnormal Adults (Females)</u>	
Matron/Cook	Miss B. McDONALD (from Oct.)
	Mrs. I. CHIPPENDALE (to Oct.)
Deputy Matron/Cook	Mrs. A. FIELD (to April)
	Mrs. V. LEACH (from June)
	Miss B. McDEVITT (from Oct.)
<i>Home Help Service</i>	
Organisers	West: Mrs. D. M. WALSH
	East: Mrs. C. A. PENNINGTON
Home Helps (including part-time)	115
<i>Physiotherapy</i>	
Senior Physiotherapists	Mrs. M. J. PHILLIPS (from Feb.)
	Mrs. B. J. LAMBERT (from April)
Physiotherapists	1 part-time
<i>Chiropody</i>	
Chiropodists	J. POLLARD, M.Ch.S.
	P. L. FOXCROFT, M.Ch.S.
	Mrs. C. SAYLE (née Rayner)
	(from Feb.)
<i>Occupational Therapists</i>	
	MRS. S. PRICE, M.A.O.T.
	MISS J. M. ENTWISLE, M.A.O.T.

*Orthoptists :*

Miss A. Greenwood, D.B.O.  
(to February).  
Miss M. Watt, D.B.O.  
Miss S. A. MURPHY, D.B.O.  
(from Feb. to Nov.).  
Mrs. E. A. Ainsworth, D.B.O.  
(to November).

*Speech Therapist :*

Mrs. J. B. SCOTT (from March)  
(*nee* Senior).  
Mrs. J. Knight (part-time  
from May).  
Miss R. M. Daniels  
(from August).

*Dental Attendants :*

Senior Dental Attendant  
Attendants

Miss L. E. Walsh  
2 (one part-time)

*Audiometrician :*

E. Townson (from June).

*Ambulance Service*

Ambulance Officer  
Deputy Ambulance Officer  
Ambulance Personnel

D. P. KENNEDY  
L. LONG  
44

*Welfare Officers*

2

*Home Teachers of the Blind*

2

*Homes for the Aged*

Park View

Superintendent	D. R. STRANGE
Deputy	Mrs. M. G. CHARNLEY
Attendants	21 Full time; 3 part-time
Domestic Staff	6 Full-time ; 1 Part-time

West Bank

Matron	Mrs. E. SHARPLES
Deputy	Miss H. EDMONDS (from Aug.)
Attendants	5 Full-time ; 3 Part-time (Night Attendants)
Domestic Staff	5 Full-time ; 2 Part-time

Hillside

Matron	Mrs. E. M. MORGAN
Deputy	Miss M. McCARTY (from November)
	Mrs. A. E. BEDDARD (to August)
Attendants	6 Full-time ; 3 Part-time (Night Attendants)
Domestic Staff	4 Full-time.



### Shadsworth House

Superintendent	H. JONES (from December) E. COTTAM (to September)
Deputy	Mrs. J. BRIGGS
Attendants	6 Full-time ; 3 Part-time (Night Attendants)
Domestic Staff	6 Full-time; 1 part time

### Fenisccliffe Bank

Matron	Mrs. M. W. KIRK
Deputy	Mrs. C. SHAUGHNESSY
Attendants	7 Full-time ; 3 Part-time (Night Attendants)
Domestic staff	6 Full-time ; 1 Part-time

### Burnside

Matron	Mrs. M. MARGERISON
Deputy	MRS. M. Y. JOHNSON
Attendants	7 Full-time ; 5 Part-time (Night Attendants)
Domestic staff	8 Full-time ; 1 part-time

### Laneside

Matron	MISS J. A. ISTERLING
Deputy	MRS. J. H. HARRIS
Attendants	7 Full-time ; 1 Part-time 4 Part-time (Night Attendants)
Domestic staff	8 Full-time ; 1 Part-time

### Longshaw (from June)

Superintendent	E. MARSH (from June)
Deputy	Mrs. M. HEYS (from June)
Attendants	6 Full-time ; 2 part-time; 4 part-time nights)
Domestic staff	8 Full-time ; 1 Part-time

### Workshop for the Blind

Manager	R. P. SNOWDEN
Clerical Staff	1
Sales Representative	1
Sighted Staff	6 (including Supervisory 1) ; 1 Part-time
Blind and other Disabled Workers	17 (plus 1 Trainee)

### Administrative and Clerical

Principal Administrative Officer	a	T. HODSON
Deputy Principal Administrative Officer	gh	W. E. TURNER
Administrative Assistant for Field Services	g	W. R. HINDLE

Senior Section Officers

West Division	h	H. E. JONES
East Division		T. N. RICHARDSON
Secretary to Medical Officer of Health		Mrs. B. J. THORNTON
Public Health Inspectorate	g	H. A. J. WILSON (to Sept.)
	g	Mrs. O. CROSSLEY (from Sept.)

Clerical Staff, Receptionists and Telephonists

52

Miscellaneous

Attendants, Drivers	3
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**Key to Qualifications not otherwise shown**

- (a) Certificate of the Public Health Inspectors' Education Board
- (b) Certificate in Meat and Other Foods
- (c) Smoke Inspectors' Certificate
- (d) Certificate in Sanitary Science as applied to Buildings and Public Works.
- (e) Certificate of the Institute of Public Health and Hygiene
- (f) Diploma for Teachers of the Mentally Handicapped
- (g) Local Government Clerical Division Examination
- (h) Diploma in Municipal Administration
- (i) Cert. Advanced Fuel Technology, C. & G. Lond. Inst.
- (j) Cert. in Social Work

Health and Social Services Department,  
Town Hall,  
Blackburn,  
August, 1970.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting this my 11th Annual Report on the Health and Social Services of Blackburn during 1969.

The year marked a Century of Endeavour in the field of Public Health since the Royal Sanitary Commission of 1869 which established Preventive Medicine as an up and coming discipline likely to make great contributions to the health and happiness of the populace ; an expectation which has been fully realised and is a matter of recorded history. However, the year 1969 not only records the passage of time but is likely to be associated with the demise of the Public Health Service as a dynamic cohesive force in view of the declared Central Government intention to fragment it, as evidenced in the Second Green Paper on Health Services and the Local Government Social Services Bill, among others.

It is important therefore that some attempt be made to document the progress over the past century in this most complex service if only as an obituary, with the realisation that there can be no resurrection. A return to the philosophical "status quo" of the 19th century could well be followed by a return to some of the vulnerability too. In this technological age when the great powers can spend untold millions on projecting a probe into space, their best endeavours can be brought to naught by the same tiny parasites that caused decimation by contagion in the early years under review ; namely, the viruses of such tiny dimensions that a 1,000 might well dance on the point of a needle, yet so virulent that an astronaut with influenza is as ineffective as a dinosaur. Let us not therefore complacently take down the barriers, nor destroy a long and painfully evolved machinery for protection of the masses without a responsible search for an equally effective substitute.

A century ago we emerged from the relative ecological balance of an agricultural society into the uncharted Industrialised complexes of Urban Communities. We are critical of the several members of society of those days for their "laissez faire" approach, for their apparent indifference to the hazards, and their lack of foresight and anticipation which created an environment detrimental to Health and Welfare and stressful to both physical and psychological attributes of human development. The pursuit of short term economic gains was the major pre-occupation and humane considerations were subordinated to this. The pioneering efforts of the early "Sanitarians," supplemented by those of the practitioners of Preventive Medicine in the Personal Health Field succeeded in curbing the worst excesses of the vested interests and started the long, slow haul back to some position of ecological balance. However, the technological explosion is posing new problems of imbalance which require *intensified* medically-directed team efforts to keep them in check in contra-distinction to the fragmentation so carefully being contrived by Central Government. Some of the more glaring examples of the dangers have already reached the conscience of the public at large but many are submerged or concealed and a good many vested interests are contriving to keep them so.



In agriculture, two trends are noticeable—one, the reduction of the diversity of seed by intensive cultivation of hybrid high yield strains to the exclusion of all others, so that we are left with few very vulnerable unstable strains, and the natural and more dependable complexity of countless varieties is lost. Secondly, the crude, inefficient and imperfectly controlled interference of man with natural processes—for instance, the saturation of high yield land with pesticides (some of them stable and long-lasting), the admixture of antibiotics with animal feeding stuffs for the purpose of enhancing financial return without any consideration for the side effects on bacteria entering into the human host relationship, and the fairly recent biological insanity of the “myxomatosis affair,” to name but a few.

In Medicine, this same melancholy ritual is apparent, the exhibition of highly refined extremely virulent sledge hammer doses of antibiotics to suppress comparatively inoffensive bacterial or virus parasites is quite usual and often anticipates any definitive diagnosis, whilst the indiscriminate use of equally biotoxic Cortisones, and the symptom-suppressive drugs in the psychiatric armamentarium have the facility of simplifying and intensifying the pre-occupation with symptoms.

The exploitation of nuclear energy with its concomitant pollution hazards today is but an extension of the exploitation of the fossil energy (coal) that ushered in the period I am reviewing. We are constantly being exhorted to accept that the control of this new energy dimension is real, substantial, and quite unlike that which obtained a century ago, but is it? The fossil fuel had the advantage that its worst excesses could be seen, that its biological effects were in some sort of direct proportional relationship to its quantity and that it had virtually no effect on the reproductive cells of plant, beast or man, whereas radiation hazard is unseen, its damage can be catastrophic even in small doses and its genetic effects can produce mutations or malformations. It is of vital concern therefore that *local* independent watchdogs with technical “knowhow” should look after the interests of the common man to complement the shifting ground of rationalisations emanating from the Atomic Energy Organisations. The putrescible material of the last century that caused so much trouble by encouraging the growth of bacteria and flies had fortunately a limited span of activity counted in days. Atomic energy may take a hundred years or more to decay and while it continues to be “hot” poses *unsolved* problems of disposal. It remains to be seen whether the arbitrary recommendation of the International Commission on Radiobiological Protection that the general population should not be exposed to more than 0.17 rem a year above natural background radiation is a satisfactory standard, small though it may seem.

At the beginning of the last century, Malthus exploded upon an incredulous intelligencia his theory that man, the consumer, was in danger of outstripping the resources wrested from nature by man, the producer. His predictions were questioned and doubted as science and technology escalated the availability of the means for survival. But what of today? Can the postponement go on indefinitely?

World population was approximately 800 million at the end of the 18th century. By the end of the 19th century it had doubled; in the last half century approximately a further 800 million and it is anticipated that within the next 10 years a further 800 million will need to be fed and supported. Whereas the production of nutriments, particularly of protein in the diet has been outpaced, and shows little sign of meeting current needs, much less projected demand. In fact “across the board” expectation of increase in

food supplies only achieved 2.7% per annum from 1956-66 and has little hope of reaching the 4% needed to maintain some degree of parity with the 2.6% per annum population explosion.

When Malthus made his pronouncement there were in England scattered Urban communities separated by vast tracts of virgin land capable of exploitation by agriculture. Today the concrete platforms on which modern cities are built are moving at their peripheries steadily towards each other and communication systems are swallowing up acres of arable land, without apparent let or hindrance. The threat to create a new city of half a million inhabitants on first-class productive land in the Preston/Chorley/Leyland area is a classic example of political expediency and short-term gain outweighing any long-term consideration. When economists and politicians make one accord with each other, heaven help ecology and the common man ! In this context I am mindful of the following passage from *The Economist* of May 1848 in opposition to the 1848 Public Health Act—"Suffering and evil are nature's admonitions ; they cannot be got rid of ; and the impatient attempts of benevolence to banish them from the world by legislation, before benevolence has learnt their object and their end, have always been more productive of evil than good."

At the time of writing this report, the "European Conservation Year" programme unwinding at Strasbourg highlights the persistent and ever-growing threat to health by Industrial pollution of land, water and air, evidence of a glorious mismanagement of environment that had its roots in the mid-19th century and taught a lot of lessons that seem only to have penetrated to the practitioners of Public Health, to whom politicians pay lip service but for whom there is little concrete or substantial support and even less capital investment. The Cinderella service is to be expelled at the stroke of twelve, the Ugly Sisters are indifferent and no Prince Charming other than a charming prince appears to expound the cause.

However complacent the man in the street, the politician or certain sectional interests, the "Cause" is a vital one. It is no less important than when Disraeli enunciated his proposition that "The Health of the People is really the foundation upon which all their happiness and all their powers as a State depend."

The "Golden Age" has not been reached nor ever will without intense effort and dedication, and the determination to separate off the superficial spurious goals of this materialistic society from matters of real consequence.

In 1868, William Morris, in the Prologue to "The Earthly Paradise" wrote :—

Forget six counties overhung with smoke,  
Forget the snorting steam and piston stroke,  
Forget the spreading of the hideous town ;  
Think rather of the pack-horse on the down  
And dream . . . . ., etc.

This type of escapist imagination was all they had then and all we have now a hundred years later, for reality is mean and mundane and squalid.

"When Waterloo was fought, rural England was still in its unspoilt beauty and most English towns were either handsome or picturesque. The factory regions were a small part of the whole, but unluckily they were the model of the future. Since Municipal lethargy and corruption had long lost all touch with the civic tradition and public spirit of mediaeval corporate life, the sudden growth of the new factory quarters did not disturb the



slumbers of the town oligarchies who were so well accustomed to neglect their old duties that they were incapable of rising to the new call. As the 19th Century advanced, local government was gradually *made* to attend to its duties, by being subjected to democratic local election and to Central control from Whitehall, then indeed large provision was made for Health, convenience and education.” (G. M. Trevelyan’s English Social History).

This then is the background to the following inadequate chronicles of a century of Public Health, during which the ponderous lethargy and inertia of local government was moved to attempt to provide an environment in some respects more beneficent to the community.

The synoptic history indicates some of the landmarks in evolution locally and Nationally and the charts of mortality and incidence show trends which measure the success of the efforts. The charts are selective and show start points at the year 1900. To all intents and purposes many diseases were erased from the charts and became insignificant after this. Cholera, Typhus, Plague, Smallpox, Leprosy are included in this list and other conditions, like Typhoid faded in the ensuing decades. Tetanus, Diphtheria, Tuberculosis, Poliomyelitis responded to more recent pre-occupations of the Health teams. Whooping cough, Measles, German Measles are currently exposed to threat of extinction if the community chooses to exploit its advantage in terms of scientific developments. Diseases of viral origin have been the latest to be vulnerable to attack because of the difficulties inherent in having to grow the agents on cultures of living cells. The breakthrough in this field came in 1949 when Enders, Weller and Robbins succeeded in growing poliomyelitis virus on cells in an artificial culture medium, thus opening the door to Salk’s cultivation of strains of Poliomyelitis viruses from which he prepared a vaccine.

There were hopes that this same “breakthrough” would enable rapid progress to be made in the understanding of and preventive attack on Cancer but to date this has eluded researches and there remains dependence on the limited potential of surgery and irradiation. In those fields where preventive measures could produce dramatic improvement, we are faced with the same basic problem that has beset Health Departments for a hundred years, namely, the domination of vested interests and the ineptitude of Central Government. The most obvious example of this is in cancer of the lung where cigarette smoking is accepted by all reasonable people as making the major contribution to incidence, and where the cigarette manufacturers are prepared to spend many millions of pounds per year on sales promotion whilst the economic vote in Parliament protests the danger of loss of revenue from taxes so that nothing *effective* is done to eradicate the hazard.

When there is little or no financial detriment it is remarkable how fast Government can act, as evidenced in the control of “mule spinners” cancer so important for the Cotton operatives locally. This was recognised as being due to the use, in the trade, of mineral oils, which saturated the working clothes at bench level and caused cancer of scrotum and vulva. The replacement of the offending mineral by a vegetable oil brought this hazard to an end, when the disease became notifiable in 1920. Male spinners in Blackburn had a death rate for cancer for 1920-21-22 of 3.7 per 1,000 per annum, as compared with male weavers 0.6 only, and a significant proportion of this (six out of 21) was due to cancer of scrotum. Ministry of Health Memorandum with Circular 1186 of April 1931, confirmed the causal relationship and although the *death* rate in Blackburn from all types of cancer increased

from 1.22 per 1,000 of the population in 1920, to 1.71 in 1931, that due to scrotal cancer no longer became worthy of recording as a separate entity.

The impact of the new technology as a consequence of the Industrial Revolution upon the valley of Blakewater and Darwen can only be described as devastating. In a few decades the inventions of Watt, Arkwright, and Boulton made available steam as a source of motive power and when this was harnessed to those of Hargreaves with his Spinning Jenny, Crompton's Mule and Cartwright's Power loom, the demise of traditional home-work was ensured and replaced rapidly by the output of the factory system. The population trend reflected the dynamic but unfortunately uncontrolled urban expansion as the following figures show :

<i>Year</i>	<i>Blackburn Population</i>		
1841	..	..	36,629
1851	..	..	46,536
1861	..	..	63,126
1871	..	..	76,339
1881	..	..	104,014
1891	..	..	120,064
1901	..	..	127,626

Viewed against the "laissez faire" philosophy of the times, every one of the many defects of community-living emerged with the rise in population. In the absence of a viable transport system, the workers in such factories were of necessity required to be concentrated within reasonable access of the factories they served, and so were invented the back-to-back houses, houses in courts, terraces and tenements. The units of accommodation were without cavity walls, without damp courses, without washing, bathing or food storage facilities, with crude privy arrangements, no adequate dry refuse disposal and quite hopeless sewage systems. Supplying this exploding population was an insufficient water supply for the needs of people and industry, quite often unwholesome, being neither filtered nor chlorinated and in 1881 causing a water-borne Typhoid outbreak with 238 victims. The food supply was in a similarly precarious state, often being deliberately adulterated and usually contaminated with bacteria causing repeated food poisoning outbreaks. The residuum of the old rural community, such as cow byres and stables were closely associated with the living accommodation and the accumulation of manure encouraged the breeding of flies whose perambulations on exposed food stuffs caused an annual upsurge of "summer diarrhoea" which contributed to the enormous infantile mortality.

Interspersed with this conglomeration were the "Offensive Trades"—Blood Boiling, Fat Melter, Fellmonger, Glue Maker, Gut Scraper, Rag and Bone Dealer, Soap Boiler, Tallow Maker and Tripe Boiler, adding their quota of noxious effluvia to the already polluted air from the unrestricted burning of coal.

It was inevitable that contagion and pestilence followed in the wake of such developments and populations were decimated by repeated outbreaks of infectious diseases which formed a major part of the reports of successive Medical Officers of Health for many decades. Indeed local manifestations were reflected in the National situation. In Liverpool, for instance, in 1847, in the year of the appointment of the first Medical Officer of Health (Duncan) there were 6,000 deaths from Typhus. In 1848, nationally, 54,000 deaths from Cholera, in 1850, 50,060 deaths from Tuberculosis of the



lungs, 1871-72, 44,000 deaths from Smallpox. The discoveries of Pasteur, Lister, Koch and others contributed to an understanding of the germ theory of disease in the second half of the 19th Century and gave strength to the empirical and arbitrary methods of sanitary control recommended by such pioneers as Chadwick, Snow, Southwood-Smith, Arnott and Kay. The collection of the data relating to mortality from various causes was brought to a fine art by the Master Statistician, Farr, who emerged in the 1840's as a compiler extra-ordinary. The second half of the 19th Century saw the emergence of the Sanitary Inspectorate and the obsession with environment. Powers and duties under various enactments vested in the Health Departments of local Authorities, the potential to carry through programmes in harmony with a new "Preventive" philosophy and commitments increased with each successive decade.

However, by the close of the century, it was appreciated by the more discriminating that attack on environmental health problems was not enough and although there were definite manifestations of improved health and conditions of living, there were still many disquieting symptoms which were the cause of real concern. Investigations carried out by Booth in London and Rowntree in York into the conditions of the working classes showed that a substantial proportion of the labouring population was living on incomes below the poverty line and that the standard of nutrition of the families was well below that necessary for health and physical fitness. This was confirmed by the figures produced by the Director General of the Army Medical Services and Inspector of Recruiting which indicated that 40% of all recruits examined in 1901-2 were unfit for Army Service. Major defects were want of physical development, defective vision, diseases of the heart, bad dentition, etc.

Reports from schools showed that many children went to school without breakfast, and some appeared so under-nourished that they were unable to make adequate progress. There were many cases of skin diseases, infestations with lice, debility, anaemia and rickets, and many children were inadequately clothed and shod.

When these facts were presented to an Interdepartmental Committee on Physical Deterioration this Committee recommended the setting up of the *School Health Service* and the beginnings of the latter were legislated into being in 1907. At that time, 2,000 Blackburn school children were working half-time for 2s. 6d.—2s. 9d. per week and there were, in these age groups—

6	deaths from	Scarlet Fever
2	„	„ Whooping Cough
7	„	„ Diphtheria
2	„	„ Enteric Fever
1	„	„ Diarrhoea
13	„	„ Tuberculosis

against a background of 150 cases of Diphtheria, 544 of Scarlet Fever, 61 of Typhoid and an Infantile Mortality of 155 per 1,000 live births.

As a consequence of the systematic medical examination of children within the School Health Service, for the first time a vast amount of information not available from any other source about the physical condition of children aged 5-14 years was sifted and analysed, and principles were established for executive action to correct defects either incipient or apparent.



Many morbid conditions were discovered and dealt with including heart disease, rickets, rheumatism, tuberculosis, malnutrition, defective vision, skin infection, etc., and in 1912 Regulations were introduced to link medical treatment with diagnosis. Within a few years, Special schools were being established to cope with particular defects, *e.g.* the blind, partially sighted, deaf, epileptic, etc. and Special schools and classes for delicate and mentally retarded children. In Blackburn in 1907, Regent Street Special School for Mental Defectives was opened and in the same year a special class for speech defect (stammering) at the Technical School. In 1912, the Open Air Class was opened at Bangor Street School and in 1913 another at Accrington Road School. Reference to Special Schools serving wider areas as for the Blind and Deaf was made on a residential basis. In 1914, the Corporation Park Class for Partially Sighted was opened and in 1939 the Blackamoor Open Air School. An Orthoptic Clinic was opened in the same year.

By 1920, there were still 30% of children between 10 and 14 years gainfully occupied. Diphtheria caused ten deaths from 69 cases, Measles 18 deaths, Influenza 59 deaths, Tuberculosis of the lung 82 deaths, Syphilis of babies, five deaths. Yet the natural increase of population for the year was 1,049, and the total population 131,012.

In the year 1920, the Medical Officer of Health, Allen (later Sir Allen) Daley, in conjunction with Sir Lewis Beard (Town Clerk) pioneered Health Education in England and carried through an intensive programme with attacks on Venereal Disease, Dirty Milk, general lack of hygiene and many other subjects, including eventually in 1924 Cancer Education, and a Health Exhibition in 1925.

Inspections under the School Health Service increased from inception in 1908 as follows :

1908	..	2,772	1915	..	8,280
1909	..	5,066	1916	..	8,476
1910	..	7,991	1917	..	10,340
1911	..	11,465	1918	..	6,297
1912	..	7,968	1919	..	10,774
1913	..	8,620	1920	..	12,870
1914	..	6,888			

In 33 schools, out of 54 in which examinations took place, heating was inadequate and in one there was neither hot water pipes nor a fireplace in the inspection room so that inspections had to take place in summer. In eleven schools, inspection took place in a cloakroom and in one on a stair landing.

In a census of the physically defective in 1920, the following figures were quoted :

Causes :	1. Tuberculosis	.. ..	17
	2. Paralysis		
	(a) Infantile	.. ..	28
	(b) Cerebral	.. ..	8
	3. Congenital deformities		9
	4. Accidents	.. ..	10
	5. Rickets	.. ..	27
			—
			99
			—

Six of the 99 crippled children limped, 18 walked with difficulty, twelve were unable to walk, four used a crutch, five a special boot, 22 wore splints, five a spinal jacket and two in spinal carriages. Of these, 72 attended an ordinary school under great difficulties. Nine were not receiving any education until a school for physical defectives and facilities for transport were available. In addition, there were many cases of serious heart disease for whom education in a special school was necessary.

There were 39,216 days schooling lost because of exclusion for Ringworm, Scabies, Impetigo, Vermin and other skin diseases.

The numerical return of all exceptional children in the area in 1920 showed:

Blind/Partially sighted .. ..	28
Deaf and Dumb/Partially Deaf ..	9
Mentally defective—Feeble minded ..	63
—Imbeciles ..	13
Epileptics .. ..	6
Physically Handicapped—	
(i) Pulmonary T.B... ..	51
(ii) Other T.B. ....	63
(iii) Other causes than T.B. ....	152
Delicate .. ..	99
Dull and backward .. ..	50

The Board of Education's estimate of the number of handicapped children for the country other than dull and backward in 1920 was 164,500. Thus ended the first or experimental phase of the School Health Service, to be followed by diversification and attention to some of the psychological and emotional problems of the school years, the emergence of Child Guidance and the "Educationally Subnormal" Special Schools, a fusion of the School Nurse and Health Visitor into a unified service and a general broadening of the attack on malnutrition, home care, problem families and prophylaxis. Eventually, the 1944 Education Act, consolidated the relevant legislation and the modern pattern of School Health evolved from the concept that each child of statutory school age should expect the education appropriate to age, ability and aptitude, and nothing should be spared in the School Health and Dental Service to remedy any condition which might reduce the capacity for learning.

By 1967, *i.e.* 60 years after inception, the difficulties from Diphtheria, Tuberculosis, Enteric, Syphilis, and Rickets were largely obviated, blindness in early childhood greatly reduced and many of the skin conditions like Impetigo and Ringworm no longer a major pre-occupation of the Field Staffs.

The manifest successes of this service over a good many years seem to have induced a state of euphoric complacency in some elected representatives which can unfortunately be misconstrued as lack of interest, and the suggestion in the "Green Paper" that the whole of School Health will be transferred from Local Government to Area Health Boards has created a deathly silence locally that may be either shock or approbation.

The second of the Personal Health Services, namely "Maternity and Child Welfare" provided under Section 22 of the National Health Service Act, has approximately an equal "term of office" historically but was not legislated into being like the School Health Service. Instead, it evolved over a few decades from Continental and British influences. Both sides of the Channel felt some constraint upon them to try to preserve Infant Life as

they were impotent to elevate birth rates and needed to be assured of adequate Military Manpower. As Infantile Mortality was extremely high, a reduction in its level would have gone some way to further the aspirations of the Politicians and some notice was therefore taken of experiments, ideas and pioneering enterprises likely to contribute to the general aim.

In 1878, Ahlfeld of Leipzig introduced the practice of weighing babies to produce a simple yardstick for measurement of progress.

In 1880, Auvard of Paris commenced the use of incubators for immature babies who had a precarious hold on life and were helped by this means to survive to maturity.

In 1882, Barlow in Britain published his research on Infantile Scurvy and brought clarity to a confused clinical situation.

In 1892, Budin of Paris experimented with Infant Consultations and helped substantially to crystallise out a body of expertise on the illnesses of young children which became a Paediatric Specialty.

In the same year, Variot of Paris established “ Milk Stations ” to supply *clean* cow’s milk at reasonable price, to give advice on breast feeding and to try to reduce the mortality from diarrhoea.

In 1862, Manchester and Salford experimented with the beginnings of a Health Visiting Service. By 1890 Manchester paid for six of 14 visitors and in 1905 appointed a paid Health Visitor Supervisor.

As Blackburn emerged into the 20th Century, its own Infantile Mortality was in excess of 220 per 1,000 live births and little progress was made in developing services to combat this until the Notification of Births Act of 1907 facilitated the deployment of Health Visitors by the Medical Officer of Health to give supervision and advice.

In 1906, Sir Arthur Newsholme of the Local Government Board set up his Conference on Child Mortality and produced a series of reports on geographical distribution, Urban Concentration and later of specifically Lancashire statistics which highlighted the dreadful situation in the Cotton Towns.

In 1900, deaths of Blackburn Weavers *under the age of 45 years* numbered

Female	..	..	62	} 88
Male	..	..	26	

The statistics of successive 30 year periods is of interest to illustrate the achievement of objectives. What is the “ Cost Effectiveness ” of such Services ?

Year	Infantile Mortality Rate	Death Rate from			Maternal Mortality Rate
		6 Zymotic Diseases	Bronchitis & Pneumonia	Phthisis	
1900	221	2.4	4.4.	1.0	4.06
1930	83.4	0.3	2.2	0.8	0.05
1960	25.6	0	1.52	0.08	0

In 1918, the Maternity and Child Welfare Act regularised the expenditure of local authorities on services for mother and child and encouraged



the development on lines which were consolidated in the 1946 National Health Service Act, and subsequently in Blackburn further extended to provide much more comprehensive care integrating services under the National Assistance Act, 1948, the School Health Service and General Medical Practitioner and Hospital Co-ordination to move towards total family care. In this context, the supportive services for families with problems and also "Problem Families" including Child Minders, Day Nurseries, Home Helps, made outstanding contributions in association with the Health Visitors and Medico Social Workers hierarchy.

# A SYNOPTIC HISTORY OF HEALTH AND RELATED SERVICES 1801-1969

1801-1850

ADMINISTRATION	ENVIRONMENTAL HEALTH	SOCIAL SERVICES	HISTORICAL BACKGROUND INDIVIDUALS/PROFESSIONS	COMMUNICABLE DISEASE
1801 First Census of Population (Total: 8.9 m.)	1802 Health and Morals of Apprentices Act. Prohibited night work and limited day work to 12 hours for pauper apprentices.	1832 Royal Commission on Poor Law (Chadwick a member).	Jeremy Bentham T. R. Malthus 1795 Speenhamland decision to relate wages to price of bread.	1798 Vaccination introduced by Jenner.
1832 Reform Act. First reform of Parliamentary elections. Enfranchised the urban middle class.	1833 Factories Act. Prohibited the employment of children under 9. Between 9 and 13, a 9 hour day. Introduced factory inspectors.	1834 Poor Law Amendment (of Poor Law Act 1601). Abolished outdoor relief; introduced "less eligibility". Boards of Guardians.	1839 Dr. William Farr Compiler of Statistics.	1840 Compulsory vaccination of paupers.
1835 Municipal Corporations Act. Reform of local government of the boroughs.	1842. Mines Act. Prohibited the employment of women and boys under 10 underground. Appointed inspectors.	1844 Rochdale Pioneers launch the Co-operative Movement.	1839 Health of Towns Association Chadwick, Smithwood Smith, Lord Shaftesbury.	1847 Typhus outbreak—Liverpool 6,000 deaths. Ten medical practitioners and ten priests died.
1836 Registration Act Births, deaths and marriages).	1844 Factories Regulation Act. Limited the hours of women to 12 a day but reduced the age for child employment to 8 years.		1846 Repeal of Corn Laws.	1848/9 Cholera Epidemic 54,400 deaths.
1842 Chadwick's Report on the Sanitary Condition of the Labouring population. Led to RC on Health of Towns set up in 1843.	1847 Ten Hour Act. Reduced hours for women and children to 10 a day. Carried through the Commons by Fielden, the largest cotton spinner in England		1846 Electric Telegraph Co. introduced new communication and by 1848 over 1800 miles of railway so equipped.	1849 Dr. John Snow's report on causation of cholera.
1844 Lunacy Act. Improved certification, set up Lunacy Commission to supervise asylums.	1848 Public Health Act. Permissive sanitary powers. Permission to appoint MOH by local Board of Health.		1848 General Board of Health.  Development of Railways: 1843 2,000 miles 1848 5,000 miles	
1847 Dr. W. H. Duncan appointed MOH Liverpool.				
1848 Dr. J. Simon appointed MOH City of London.				

# 1851-1900

ADMINISTRATION	ENVIRONMENTAL HEALTH	SOCIAL SERVICES	HISTORICAL BACKGROUND INDIVIDUALS/PROFESSIONS	COMMUNICABLE DISEASE
1851 Popn. 17.9 m. B.R. 34.1. CDR 22.2 IMR 154. Distribution of population in industries. (See Appendix 2).	1860 Adulteration of Food Act. LAs empowered to control adulteration of food and drink.		1851 One quarter of bread from overseas.	1853 Compulsory vaccination for all infants. Conscience clauses introduced later.
1858/71 Public Health admin. under Privy Council.	1866 Sanitary Act. A duty of LAs to inspect; and control all nuisances.	Taxation of Spirits started to reduce destitution from alcoholism	1855 Sir John Simon appointed Medical Officer.	1853/4 Cholera epidemic. 24,500 deaths.
1867 Reform Act. Enfranchised urban working class householders.	1867 Factory Act. Workshop Act. Widens scope.	Mass production of soap latter part of century.	1858 Medical Act. Registration of doctors; GMC.	1866 Cholera epidemic 14,400 deaths
1869 Royal Sanitary Commission	1868 Artizans and Labourers Dwellings Act (Torrens Act). LAs empowered to force owners to demolish or repair insanitary dwellings.	1867 Approximate wages (See Appendix 1)	1858/71 Simon, Medical Officer Privy Council.	1864/69 Contagious Diseases Act. Compulsory med. exam. of prostitutes in garrison towns.
1871/1918 Local Government Board is the responsible central department for health, poor law, and LG	1872 Adulteration of Food, Drink and Drugs Act. Strengthened and extended the 1860 Act.	1870 Education Act (Forster's). Permitted local school boards to provide schools, if necessary, and enforce universal, compulsory elementary education.	1859 Nightingale's 'Notes on Nursing'.	1867 Vaccination Act. Guardians empowered to appoint vaccination officers.
1872 Public Health Act. Public Health put under new urban or rural sanitary authorities, who must appoint an inspector of nuisances, and a MOH in urban areas.	1875. Public Health Act. Consolidation and extension of the Acts of 1866, 1871, 1872. (Sanitary Charter).	1880 Elementary education made compulsory.	1862 Manchester and Salford Ladies Health Society appointed first 'health visitor'.	1871/2 Smallpox epidemic 44,000 deaths
1882 Municipal Corporations Act. Set out borough councils' administration.	1875 Artizans and Labourers' Dwellings Improvement Act. Permitted LAs to rebuild slum areas.		1871/76 Simon Medical Officer Local Government Board.	1869/83 23,700 deaths from Typhus.
1884 Reform Act. Enfranchised rural working class householders; single member constituencies.	1878 Factories and Workshops Act Consolidation; central inspectorate		1871 GMCs first regulations for DPH.	1881 20-bedded Smallpox Hospital built in Audley district (Blackburn) after first case in April. Closed October. 28 cases.
1886 Idiots Act. Permitted LAs to provide institutional care.	1885 Report of RC on the Housing of the working classes.		1874 Metropolitan & National Nursing Assoc. founded for training DNs.	1881 Blackburn Water-borne typhoid epidemic. 238 cases.
			1876 Blackpoolgown to Borough status to meet holiday needs of Lanes. Artisans.	1882 Koch discovers tubercle bacillus.
			1876 Sanitary Institute (later Royal Society of Health) founded.	1883 Koch isolated cholera vibrio.
			1877 Blackburn Water Act: Authority to develop water undertaking.	1884 268 cases of typhoid Blackburn.
				1885 Pasteur administers attenuated rabies vaccine.

<p>1888 Local Government Act. Created elected county councils to take over the administration from JPs.</p> <p>1890 Lunacy Act. Consolidated and extended provision for admission to and administration of asylums.</p> <p>1894 Local Government Act. Created elected urban and rural district councils.</p>	<p>1885 Housing of the Working Classes Act. LAs must act.</p> <p>1886 Shop Act. First but weak.</p> <p>1890 Housing of the Working Classes Act. Duty of MOH to report unfit houses and slum areas; empowered LAs to build houses.</p> <p>1892 Blackburn: (1) 6,000 middens emptied once each ten weeks. (2) MOH recommended a damp proof course in all houses and a cavity wall or impervious vertical layer of mortar.</p> <p>1893 Itinerant tramps introducing smallpox into Common Lodging Houses. Measures to control spread.</p>	<p>1892 Booth's Report "Life and Labour of People of London."</p> <p>1893 Elementary Education Act. Empowered LAs to establish schools for blind and deaf.</p> <p>1897 Workmen's Compensation Act. Established the principle that persons injured at work should be compensated. Charity Organisation Society.</p> <p>1899 Board of Education set up.</p>	<p>1878 Dentists Act. Register of dentists</p> <p>1882 Blackburn Improvement Act: (1) Houses not to be built in close courts (2) Houses not to be built on made land (3) Prohibition on draining houses into Rivers Blakewater and Darwen (4) Authority to require conversion of sanitary arrangements to water closets. (5) Authority to provide public Recreation grounds. (6) Requirement for Corporation to rehouse tenants displaced by Clearance (7) Regulations for Common Lodging Houses (8) Headteachers in school required to notify Medical Officer of Health of cases of Infectious Disease (9) Authority for M.O. of Health to sample milk for T.B.</p> <p>1886 Modification to back-to-back houses to improve ventilation in Blackburn.</p> <p>1887 Queen Victoria Jubilee Institute for Nurses.</p> <p>1888 DPH compulsory for some MOHs</p> <p>1891/2 Training of health visitors in Bucks. Nightingale.</p> <p>Fabian Society Octavia Hill</p>	<p>1885 107 deaths from Whooping Cough Blackburn.</p> <p>1886 Repeal of Contagious Diseases Act</p> <p>1890 Widal test for typhoid.</p> <p>1890 Diphtheria antitoxin discovered. General use 1895.</p> <p>1893 Smallpox. 80 cases 8 deaths Blackburn.</p> <p>1898 Almroth Wright typhoid vaccine.</p> <p>1899 Compulsory notification of infectious disease.</p>
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# 1901-1940

ADMINISTRATION	ENVIRONMENTAL HEALTH	SOCIAL SERVICES	HISTORICAL BACKGROUND INDIVIDUALS/PROFESSIONS	COMMUNICABLE DISEASE
1901 Popn. 32.5m. BR 28.6. CDR 15.4 IMR 128.	1908 Blackburn Corporation Act. (1) Authority to enforce use of iron dust bins.	1905/9 Royal Commission on Poor Law. (Webb's minority report).	1902 Midwives Act. Control and provision of midwives; CMB.	1900/1 Typhoid vaccine given to 14,000 soldiers.
1904 Report of the Interdepartmental Committee on Physical Deterioration. Recommendations on every aspect of health. Some still not implemented.	(2) Authority to supervise manufacture and sale of ice cream. (3) Obligation on occupiers of buildings to notify MOH particulars of infectious disease	1908 School meals introduced.	1902 Local Education Boards abolished. Control to LA Councils.	1909 Ehrlich uses Salvarsan 606 for Syphilis.
1907 School medical inspections introduced. Notification of births (permissive) to MOHs.	1909 Housing, Town Planning Act. Implied condition that houses let at rent up to £26 p.a. be in all respects fit for human habitation at start of tenancy.	1908 Old Age Pensions for over 70s with minimum income (Non-contributory).	Beatrice Webb.	1910 Blackburn. 96 cases of diphtheria with 22 deaths. 46 cases of Typhoid with 9 deaths. 795 cases of Scarlet Fever with 27 deaths.
1911 National Health Insurance—Domiciliary medical care for lower paid wage earners. Part 1. (See col. 3).	1910 Total Rainfall 50.6 inches Days on which rain fell, 242. Animals slaughtered in Abattoir, 54,701. Number Tuberculous, 329 Of which 33 destroyed. 223 carcasses destroyed for other diseases.	1908 Children's Act. Protection of children; introduced juvenile courts.	Lloyd George.	1912 Neosalvarsan.
1913 Medical Research Committee established.	1910 Days on which rain fell, 242. Animals slaughtered in Abattoir, 54,701. Number Tuberculous, 329 Of which 33 destroyed. 223 carcasses destroyed for other diseases.	1910 Annual Report of M.O.H. Blackburn: Av. death rate ten year 1900/1909: All causes 17.39 per 1,000 popn. Rate 1910, 14.22; Gain 3.17. Assumed lives saved 453. Average net value in wages for labourer £150. Assuming one half 453 males. Saving in wealth to community £33,975.	1908 Health Dept. survey of 20,000 houses with population approx. 90,000. 182 had bathrooms.	1914/18 Prophylactic tetanus anti-toxin used for wounded troops.
1913 Public Health (Tuberculosis).	Canal boats registered, 104	Outdoor Relief £9,860. Indoor Paupers in Workshop 1,021 Vagrants 16,021.	1910 Total houses in Blackburn 31,800. No. of houses with baths 6,320.	1916 LAs provide free treatment for VD. Public Health (VD) Act.
1913 Mental Deficiency Act. Followed RC Feeble Minded 1904-8. Set up Board of Control; compulsory duties of LAs.	1920 Mule Spinners Cancer Notifiable. Change from Mineral to Vegetable oil in the Cotton Trade.	Infantile Mortality Average Ten years 1901/10 156.7 St. Mary's Ward 225.9	1914/18 War	1918/19 Influenza pandemic.
1915 Compulsory notification of births to MOH.			1918 Midwives Act. Institution of Emergency call in system of Med. Practitioner and Authority to pay fee.	1921/22 Diphtheria toxin-antitoxin used to protect children in U.K.
1918 Maternity and Child Welfare Act. Recognised health visiting, powers to safeguard health of mothers and children under 5.			1919 Nurses Registration Act. General Nursing Council.	1927 Tetanus toxoid used for human immunization.
1918 Education Act. Extended med. inspection to secondary schools.		1911 National Health Insurance. Sickness and unemployment benefits. Part 2.	1921 Dental Act. Practice of dentistry limited to registered dentists.	1927 BCG first used.
1918 Limited enfranchisement of women.			1922 All sanitary inspectors must hold certificate of RSI.	1928 Fleming discovers penicillin.



# 1901-1940 continued

<p>1919 Ministry of Health created.</p> <p>1920 Dawson Report on the Future Provision of Medical and Allied Services. Co-ordinated services to be available to all.</p> <p>1927 Mental Deficiency Act. Improved the 1913 Act.</p> <p>1928 Universal franchise for all men and women over 21 years.</p> <p>1929 Local Government Act. Enabled LAs to develop general hospital service. (See col. 3).</p> <p>1930 BMA publish 'A General Medical Service for the Nation'. Re-published 1938.</p> <p>1930 Mental Treatment Act. Follows RC 1924/6. Re-organised Board of Control; provisions for voluntary treatment.</p> <p>1936 Midwives Act. LAs must provide midwifery.</p> <p>1939 Emergency Medical Service.</p>	<p>1922 Blackburn Corporation Act: (1) Authority for MOH or San. Inspector to cause cleansing of houses infested with vermin. (2) Authority for MOH to require children to be cleansed of vermin. (3) Parents obliged to inform teacher when child has been in contact with Infectious Disease in family. used to make preserved foods to be registered (4) Premises</p> <p>1919/29 Housing Acts Subsidies, etc.</p> <p>1936 Public Health Act Consolidation.</p> <p>1936 Housing Act. Consolidation.</p> <p>1937 Factories Act. Consolidation.</p> <p>1938 Food and Drugs Act. Consolidation.</p>	<p>1918 Education Act (Fisher). Consolidated. School leaving age 14. Permissive nursery schools. Restricted employment of school children.</p> <p>1929 Local Government Act. Transferred admin. of the Poor Law to County Boroughs and County Councils. (See col. 1) Abolished Guardians.</p> <p>1933 Children's Act. Consolidated and extended legislation.</p> <p>1934 Cheap school milk introduced nationally.</p>	<p>1924 Min. Health regulate training of health visitors.</p> <p>1925 Queen's Institute of District Nursing formed from previous Inst.</p> <p>1928/32 Committee on Maternal Mortality.</p> <p>1931 Political and economic crisis. 2 millions unemployed.</p> <p>1933 3 millions unemployed.</p> <p>1920/37 New houses, 3 millions.</p> <p>1939 Cancer Act.</p> <p>1939/45 Second World War.</p>	<p>1935 Domagh introduces Prontosil, the precursor of sulphonomamide.</p> <p>1939 Florey prepares a stable form of penicillin.</p> <p>1939 Public Health Laboratory Service begins.</p>
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# 1941-1969

ADMINISTRATION	ENVIRONMENTAL HEALTH	SOCIAL SERVICES	HISTORICAL BACKGROUND INDIVIDUALS/PROFESSIONS	COMMUNICABLE DISEASE
1942 BMA "Report of the Medical Planning Commission." (BMJ i,743).		1942 Beveridge Report. Blue print for welfare state.	Report of Committee on Medical Schools (Goodenough) 1944.	1940 Nation-wide introduction of diphtheria immunisation.
1944 White Paper on NHS. Report of the Goodenough Committee on Medical Education.	1954 Mines and Quarries Act. Consolidation.	1944 Disabled Persons Act.	1949 Report on Midwives.	1942 DDT introduced.
1946 National Health Service Act. Created the NHS. Nationalised the hospitals and extends GP care to all. Started 1948.	1955 Food and Drugs Act. Consolidation.	1944 Education Act. Raised school leaving age to 15. Abolished elementary schools; free secondary education for all.	1950 Medical Act. Pre-registration year.	1944 Waksman isolated streptomycin.
1951 Popn. 43.8m. BR 15.5 CDR 12.5 IMR 29.7. Ministry of Housing and Local Government formed from Min. Health.	1956 Clean Air Act follows Beaver Report. Introduces smokeless zones.	1945 Family Allowances Act.	1951 Midwives Act. Consolidated.	1948 Compulsory vaccination of infants ended.
1956 Report on the Cost of the NHS (Guillebaud Committee). No structural change recommended.	1957 Housing Act. Consolidation.	1946 National Insurance Act.	1953 Report on Sanitary Inspectors.	1954 Mass trial of Salk vaccine in USA.
1959 Mental Health Act. Followed RC (Percy) 1954/7. Emphasis on community care and medical approach. Replaced all previous legislation.	1961 Public Health Act. Amends and extends 1936 Act.	1946 National Insurance (Industrial Injuries) Act.	1956 Dental Act. General Dental Council.	1956 Nation-wide introduction of pertussis immunisation.
1961 Popn. 46.1m. BR 17.7 CDR 12.0 IMR 21.6	1961 Factory Act. Consolidation.	1946 Free school milk introduced nationally.	1956 Jameson report on health visiting.	1956 Nation-wide introduction of poliomyelitis immunisation. Salk killed vaccine.
1962 First Ten Year Plan for hospital building.	1963 Report of Wilson Committee on Noise.	1948 National Assistance Act. Provision of financial help and welfare services.	1959 Report of Working Party on Social Workers (Youngusband).	
1962 Porritt Report. A review of the Medical Services in Great Britain. Part unification under area boards.		1948 Childrens Act following Curtis Report. Care of deprived child. Set up Children's Committee of LAs.	1960 Professions Supplementary to Medicine Act. Registration.	

## 1941-1969 continued

1963 First Ten Year Plan for community health services.	1963 Offices, Shops and Railway Premises Act. Min. standards under LAs.	1956 Rehabilitation, Training and Re-settlement of Disabled Person Report. (Piercy Committee).	1962 Health Visiting and Social Work Training Act. Set up councils.	1962 Sabin vaccine (oral) accepted in UK.
1967 Maud and Mallaby Reports on management and staffing of LAs.	1966 Rivers Authorities Act. Control of natural water.	1966 Social Security Act. Admin. changes. Nat. Asst. becomes supplementary benefits.	1968 Royal Com. on Medical Education Report (Todd).	1968 Nation-wide introduction of measles immunisation.
1968 Report of Seeborn Committee: social service departments. First Green Paper on the NHS. Health Services and Public Health Act: various admin. amendments. Department of Health and Social Security formed.	1968 Clean Air Act. Strengthens 1956 Act.	1968 Free milk limited to primary schools.		
1969 Royal Commission on Local Government Report (Redcliffe-Maud). Recommend large unitary authorities except in three conurbations.		1969 Children and Young Persons Act. Amended law re treatment of offenders.		
1969 Age of majority reduced to 18 years.				

I should like to express thanks to Dr. M. D. WARREN, M.D., M.R.C.P., D.P.H., D.I.H., Reader in Public Health, London School of Hygiene and Tropical Medicine, for permission to utilise and extend his Synoptic History, which appeared in *The Medical Officer*, dated Friday, 24th April, 1970, and to the Editor of the *Medical Officer* for kind permission to use this material.

## Appendix 1

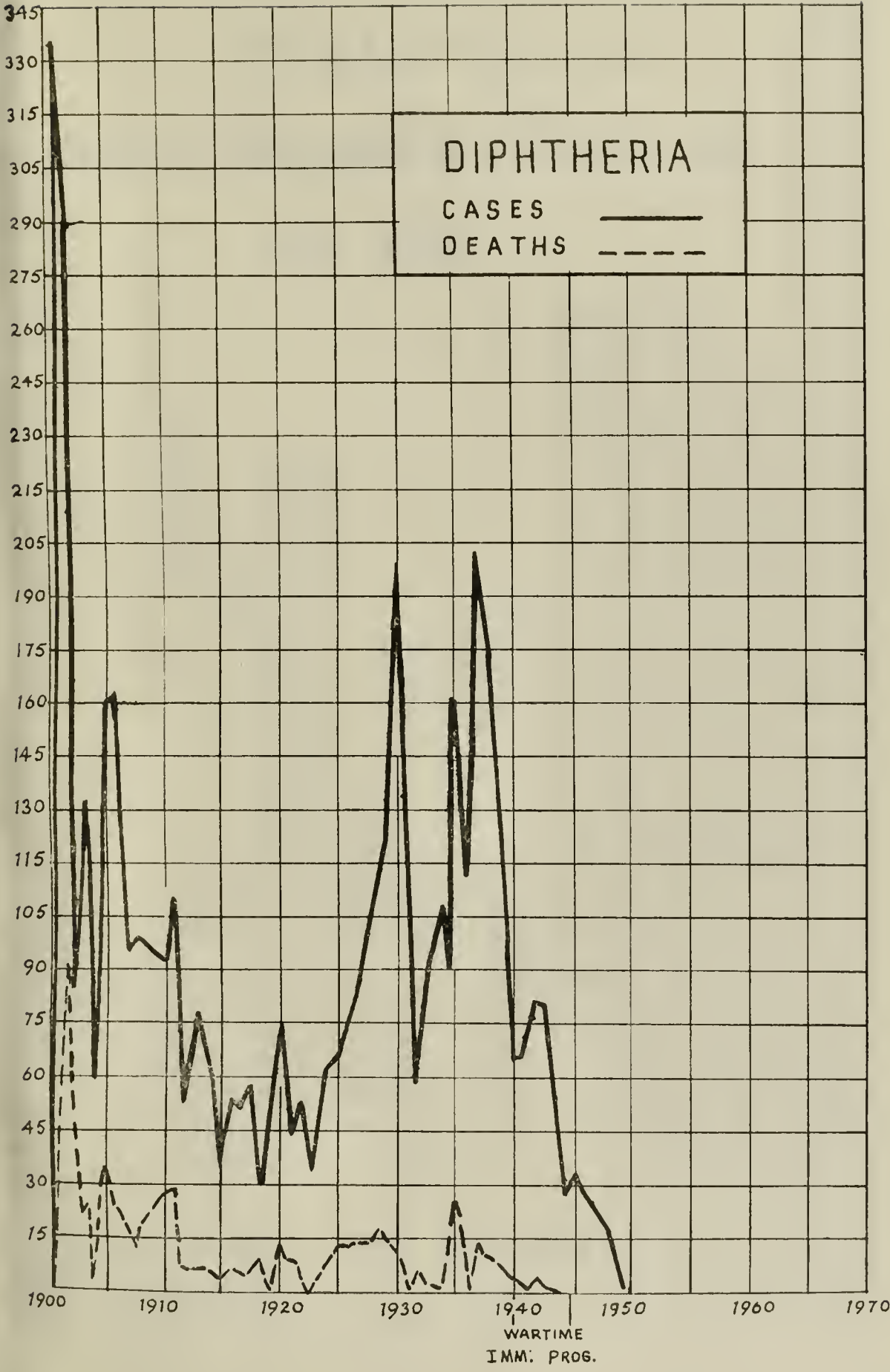
### 1867 APPROXIMATE WAGES (Professor Bowley's computation)

	1824	1833	1867	1897
	s. d.	s. d.	s. d.	s. d.
London Artisan .. ..	30 0	28 0	36 0	40 0
Provincial Artisan .. ..	24 0	22 0	27 0	34 0
Town Labourer .. ..	16 0	14 0	20 0	25 0
Agricultural Labourer ..	9 6	10 6	14 0	16 0

## Appendix 2

### 1851 Census—Distribution of Population in Industries

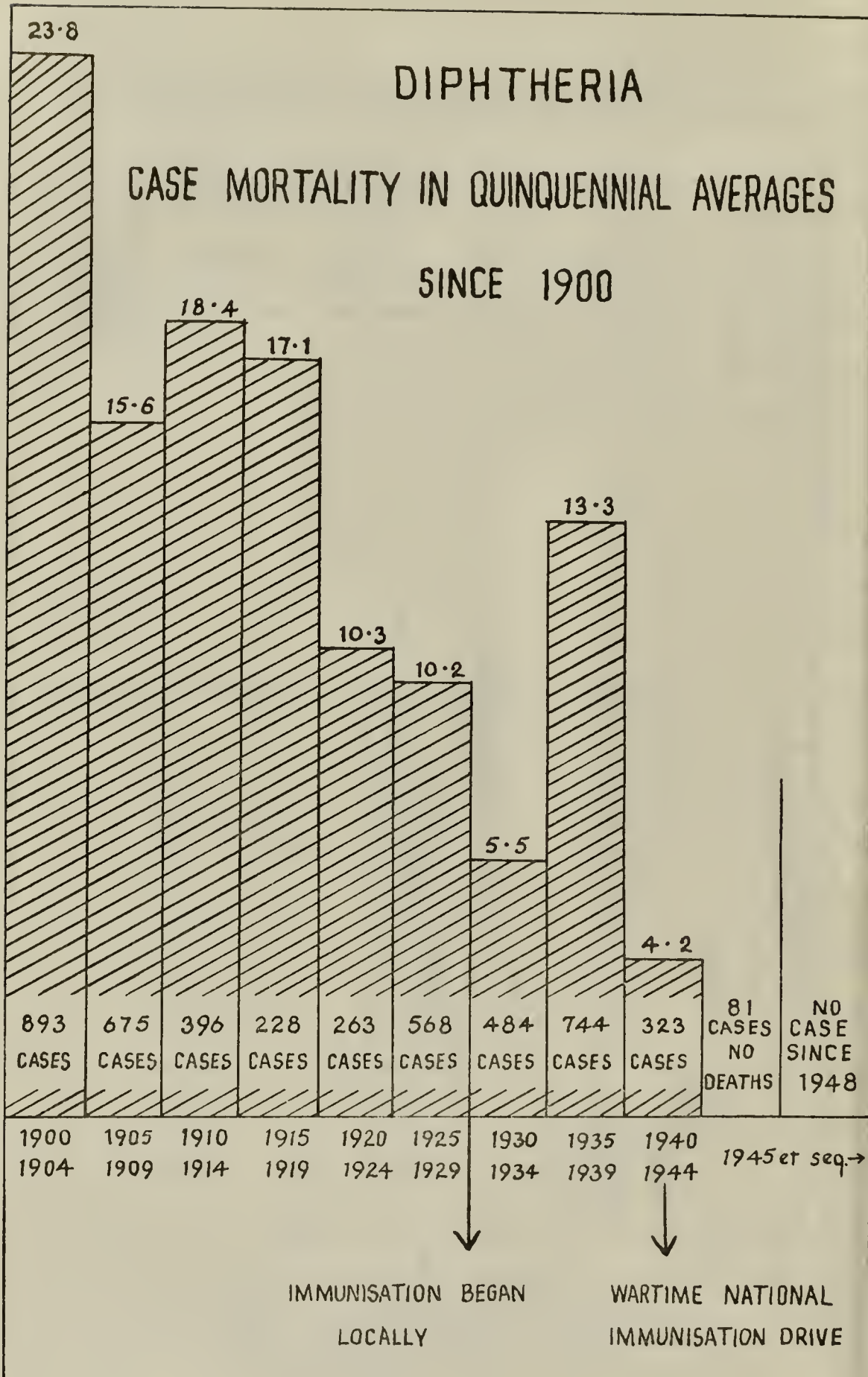
	<i>Males</i>	<i>Females</i>
Agriculture ..	1,563,000	227,000
Domestic Service	134,000	905,000
Cotton .. ..	255,000	272,000
Building Trades	463,000	1,000
Labouring .. ..	367,000	9,000
Wool .. .. .	171,000	113,000
Shoe making ..	243,000	31,000
Mining .. ..	216,000	3,000
Sea Men .. ..	144,000	
Ironworks .. ..	79,000	590
Railways .. ..	65,000	54
Hosiery .. ..	35,000	30,000

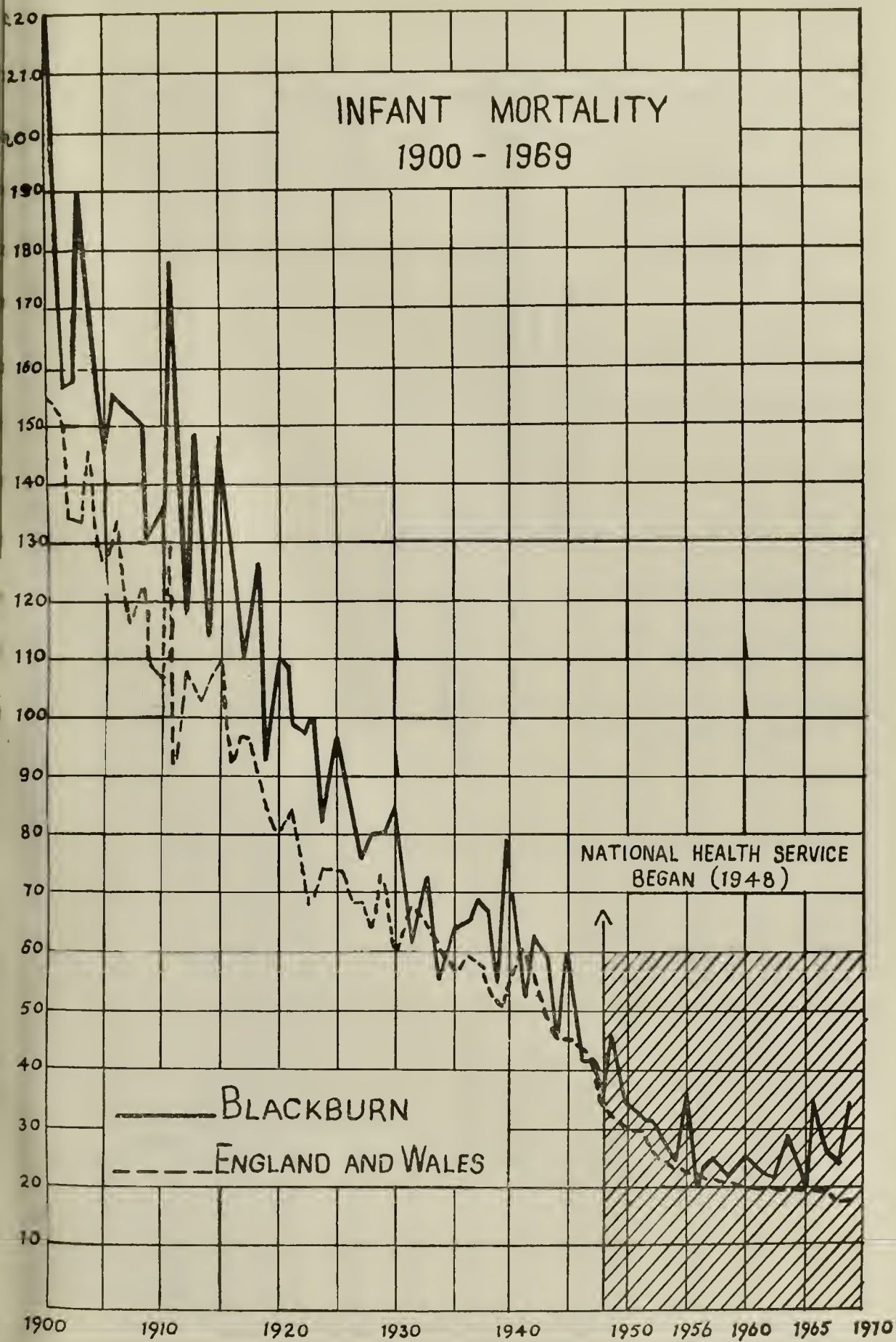




# DIPHTHERIA

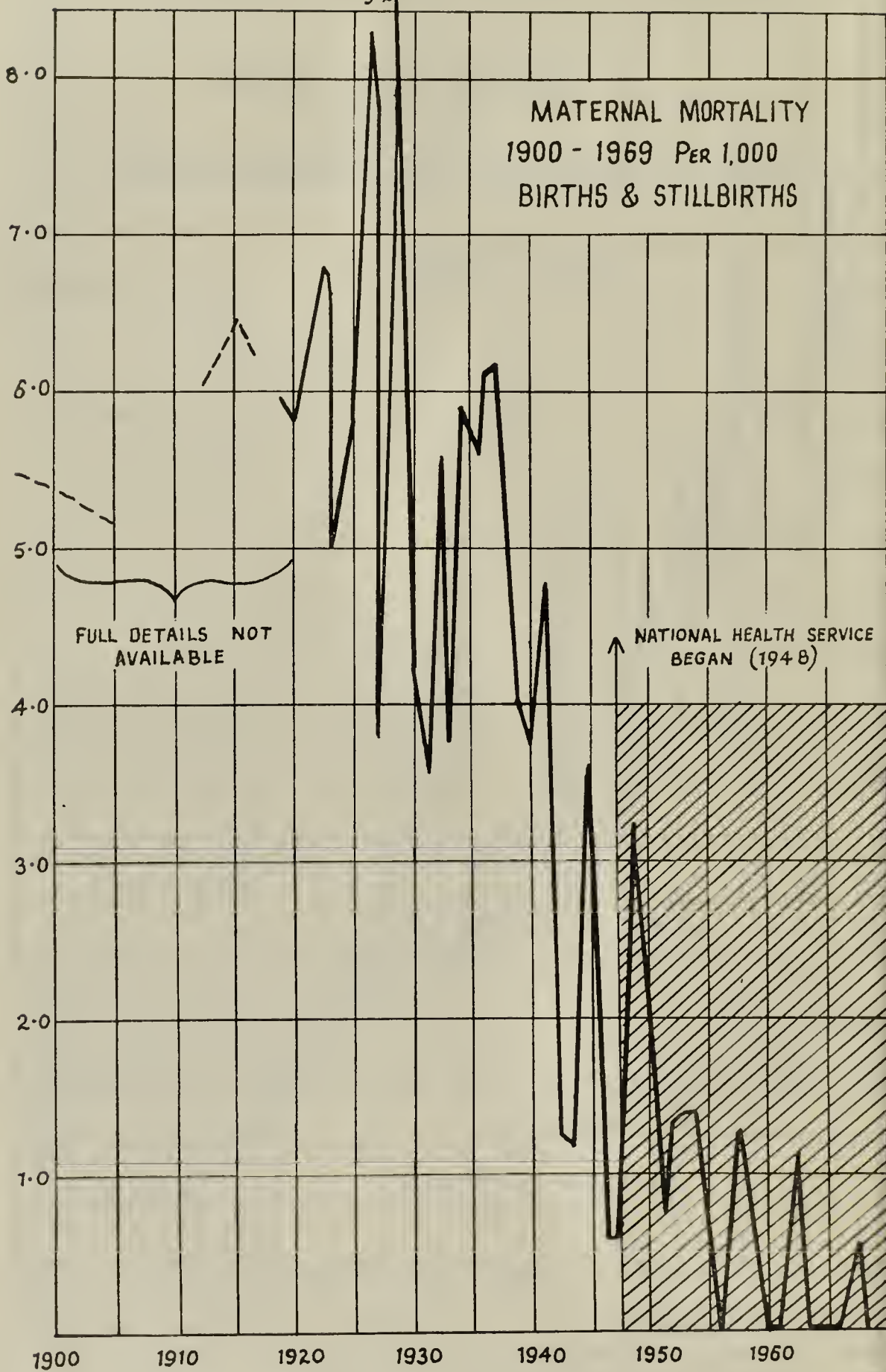
CASE MORTALITY IN QUINQUENNIAL AVERAGES  
SINCE 1900





9.2

MATERNAL MORTALITY  
1900 - 1969 PER 1,000  
BIRTHS & STILLBIRTHS

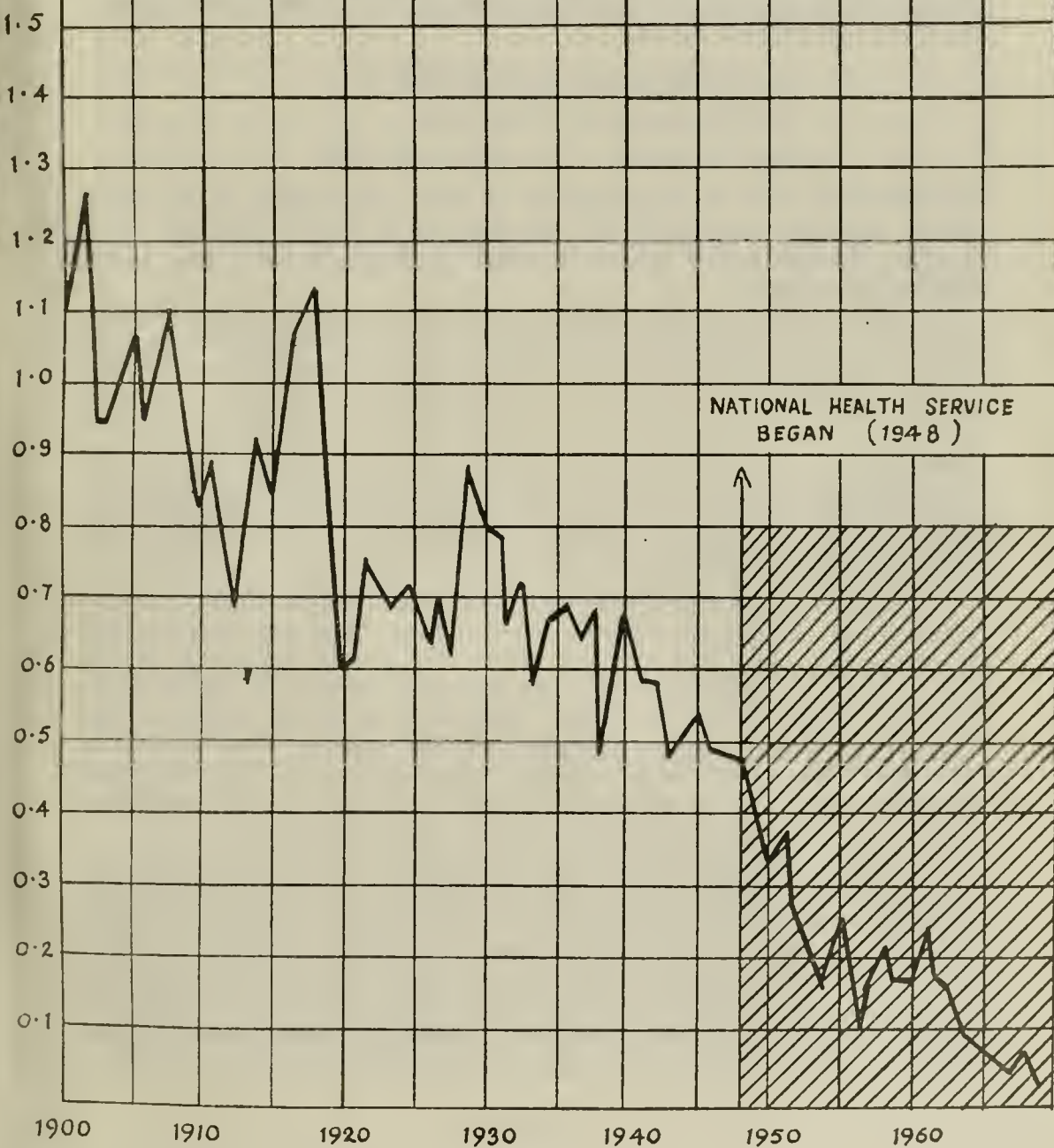


FULL DETAILS NOT  
AVAILABLE

NATIONAL HEALTH SERVICE  
BEGAN (1948)



DEATHS FROM PULMONARY TUBERCULOSIS  
1900 - 1969 PER 1,000 POPULATION



## THE MEDICO-SOCIAL WORKER

This Local Authority Field Worker is a natural successor to, and development from, the 'Health Visitor' whose work commitment has undergone slow evolution over the past half century in response to escalating demand.

The original concern was to preserve 'child life' as successive Governments, both on the Continent (France) and in Britain, had failed to make any impact on enhancing the birth rate and were left with the sole alternative of reducing the then dreadful Infantile Mortality.

At the commencement of the 20th Century, the Blackburn Infantile Mortality was running at the high level of 220 deaths of infants before their first birthday per 1,000 births, compared with the National figure of approximately 150 ; consequently Blackburn followed Huddersfield's example and instituted a service of Health Visitors (without Medical Qualification) in 1907. The successive reports on Infantile Mortality by Sir Arthur Newsholme of the Local Government Board

in 1910 on geographical distribution

in 1911 analysis of Urban areas

in 1914 analysis of Lancashire mortality

crystallised the need for intensification of effort, particularly in the cotton towns, and thus stimulated the consolidation of Health Visiting, Child Welfare Services which were recognised in the Maternity and Child Welfare Act of 1918.

A firm pattern of giving advice in the home and at Infant Welfare Clinics became established and the latter were used to weigh babies, provide dietetic supplements in the form of vitamins, anti-anaemic medicaments, etc. to give prophylactic vaccinations and immunisations and to enable local authority doctors with developed expertise in Baby Care to be available for consultations. The movement was further stimulated by the fact that the Lloyd George Health Insurance Act of 1911 left a vacuum in Care for Mother and Child by its insistence on providing services only to the Insured Wage earner and not his family. This vacuum was filled by the Local Authority Clinic/Health Visitor Services.

For many decades the service was obsessed with the problems of physical attributes of health to the exclusion of the equally important emotional and psychological, and this defect was in process of rectification up till the incorporation of authorisation for such services in Sections 22 and 24 of the National Health Service Act, 1946. Meanwhile farsighted authorities had utilised the Health Visiting personnel and the Assistant Medical Officers as School Nurses and School Medical Officers respectively in the School Health Service, thus giving some continuity of service in pre-school and school years, and this arrangement was followed in Blackburn.

Many authorities, however, pursued a policy of specialisation with its consequent fragmentation and had specialist visitors for Tuberculosis, Problem Families, School Health, Infectious Diseases, Handicapped, Aged, etc., each working in some isolation in a narrow field of endeavour on behalf of an artificially disjointed humanity and perpetuating the uneconomic irrational situation where several visitors jealous of their own expertise might be visiting one family and giving conflicting advice without anyone having a sensitive appreciation of the total need of the family.

In the 60 years from the beginning of the Century to the early 1960s, the Infantile Mortality rate in Blackburn had been reduced from 220 to approximately 22, very largely due to the attack made on the problem by the Maternity and Child Welfare Services and it was apparent that a shift in emphasis was needed to escape from the self-imposed straight jacket of obsession with preservation of 'Child Life' to the wider concept of Family Management and Care in both the Medical and Medico-Social planes. This required a broadening of the basis of expertise of the Health Visitor and recognition of her role as a general purpose Social Worker, together with a more critical appreciation of current community needs. The period following the 1961 Census was opportune because the population structure was re-defined and it was possible to make an analysis of mean needs and developing trends, the Mental Health Act of 1959 was giving insight into a new philosophy of approach to Mental and emotional disturbance, and the crude manifestation of family mismanagement such as the problems of the deprived child, problem families, juvenile delinquency, promiscuity indices as shown in rising V.D. rates, alcoholism and drug taking were stimulating press comment. It was coincidental that stresses within the Tripartite National Health Service showed up certain inadequacies, in particular the heavy demands made on Part IV Services by the rising population beyond retirement age and the need for the General Practitioner to be backed by a strong supportive team. Under the circumstances, exploitation of Section 21 of the N.H.S. Act became feasible with the re-trained Health Visitor assuming the role of Almoner to the G.P. in 'Health Centres'.

This then very briefly and rather inadequately expressed, was the contemporary backcloth to set the scene for Blackburn's planning for the future, and executive action took place to implement the policies that emerged. The following notes indicate the developing Medico-Social Workers' work load.

### (1) TRADITIONAL ROLE

The Statutory duties of the Health Visitor under Section 22 of the National Health Service Act to ensure that in conjunction with the Midwife optimum health standards of the new born child are preserved in the formative years of child development. The Midwife prepares for the physical act of the childbirth and the Medico-Social Worker co-operates by providing appropriate courses in Mothercraft, arranges relaxation classes with the department's physiotherapists and carries out assessment of home (social) circumstances to enable the Medical Officer to make recommendations to the Hospital Obstetric Consultants as to fitness for domiciliary confinement and suitability for early discharge if confined in hospital. Defaulters from Local Authority or hospital Ante-Natal sessions are visited in an attempt to persuade to attend.

All births are notified to the Medical Officer and the appropriate area Medico-Social Worker visits at the end of the 10-day 'lying-in' period. Special testing of the urine in all new births for Phenylketonuria at third and sixth week is carried out to ascertain the presence of this abnormality so that appropriate dietetic adjustment can be made to prevent this cause of Mental subnormality. Visitation of the household in which there is a new birth continues throughout the formative years and the periodicity is adjusted according to need.



The Mother is persuaded to bring the baby to the appropriate Infant Welfare Clinic, of which there are 14 run each week, and here the baby can be weighed, condition assessed and advice given regarding management and care. Where necessary, consultation with the Assistant Medical Officer takes place to sort out problems, and advice given re the programme of vaccination and immunisation which will then be carried out by the doctor. The Medico-Social Worker, apart from giving individual advice also endeavours to encourage group discussions with mothers as part of the Health Education programme. Supplementary vitamins, Welfare foods, etc., are dispensed under her direction.

The Medico-Social Workers in rota then attend the Consultant Paediatrician's Outpatients and Inpatient Sessions at the local hospital where their knowledge of the social conditions of the many homes and of factors which might be relevant to the clinical condition being investigated, is of great help to the Consultant who, in turn, communicates advice concerning 'after care' for children discharged from hospital.

Prevention of accidents in the home is another important function of the Medico-Social Worker and surveys of gas and other appliances in old persons' homes are carried out so that the appropriate technical experts from the gas and electricity undertakings can rectify defects. Persuasion is used to ensure that fire guards are provided and used in homes where there are young children and aged persons, and the Medico-Social Workers receive notification of cases of home accident where reference to hospital has been necessary.

Health Education, the other main traditional role of the Health Visitor is a most important facet of the work of the Medico-Social Worker whose job it is to change attitudes of mind to multiple problems of community living, to provide the facts and figures of statistical evidence in support of the policies they are advancing and to adopt a supportive role to enable members of the community to achieve these objectives. Health Education takes place at varying levels, some individual and personal, others with groups, at one time in Welfare Clinics, at another in schools, and on other occasions in evening assemblies utilising modern techniques supported by flannelgraphs, film strips, films, posters, pamphlets, etc. The Medico-Social Workers, having had certain instruction in this subject when training as Health Visitors, have further re-inforcing courses of study as Medico-Social Workers at advanced level. Blackburn has not, as in some authorities created a post of 'Health Education Officer' as the Medico-Social Worker is given some latitude to develop her own programmes to meet local needs and she is much more conversant with those needs than a desk-orientated technician.

## (2) SCHOOL HEALTH

As the Medico-Social Worker is also the School Nurse, she follows the pre-school child through into school life so that support once established with children and parents in the home and Welfare Clinic is continued, thus facilitating the smooth integration of the child into its new environment and provides the teaching staff with valuable liaison. The Medico-Social Worker, in conjunction with the School Medical Officer, Dental Officer and Head Teacher, constitutes a team concerned with the total health of the child and by mutual consultation ascertain any children requiring special educational facilities, special investigation or reference to other resources, *e.g.* the



family doctor, hospital consultant, physiotherapist, speech therapist, orthoptist, chiropodist, minor ailment clinic, sunlight clinic, etc. She has the advantage of being able to attend the clinics of the Ophthalmic Consultant, Ear, Nose and Throat Specialist, Paediatrician and Chest Physician, so that she follows up her own cases and forms a very useful link between parent, teacher, consultant and medical auxiliary to everyone's advantage. She is encouraged to discuss problems with the Probation Service, the Mental Welfare Service, the School Welfare Officers and the Youth Employment Service and it is envisaged that a joint consultative or 'Case Conference' service will be developed in the new Health Centres in conjunction with the family doctors. The Medico-Social Worker also attends the Special Schools for E.S.N. pupils, the Open Air School for delicate and physically handicapped pupils and the Special School for partially sighted pupils as well as the Junior Training Centre for mentally subnormal children. She is expected to carry through the full range of Health Education commitments in her own schools and to give particular attention to senior girls in preparation for motherhood by teaching mothercraft, baby management and where requested elementary sex education.

### (3) PREVENTIVE FAMILY PSYCHIATRY

Apart from the various involvements with the family enumerated above, the Medico-Social Worker is responsible for the encouragement of healthy adjustments and relationships between parent and child, to minimise the anxiety of the inexperienced mother and to build up her confidence; to make available to the family a comprehensive body of expert knowledge relating to the physical, emotional and psychological development of children from birth to adolescence and by regular visitation to develop an intimate knowledge of the family as a unit and to recognise early deviations from normal in the physical and mental attributes of its members and their inter-personal relationship so as to be in the best position to correct such deviations either by Health Education or by the mobilisation of other resources on their behalf. This includes Marriage Guidance and Family Planning facilities among others.

To give her insight into the complexities of the very new field of endeavour, the Medico-Social Worker is referred to the Dr. Howells Course on Preventive Family Psychiatry in Ipswich which is itself unique, and is expected to attend In-Service lectures or courses arranged with the Extra-Mural Department, Manchester University, or other approved lectures as required.

### (4) INFECTIOUS DISEASES

Where measles, whooping cough, chicken pox, dysentery, etc. occur in children under the age of 2 years, or where home standards are known to be poor, the Medico-Social Workers visit to supervise home care in association with the General Practitioner to prevent spread within and outside the family.

The Medico-Social Workers, on rota, attend the hospital out-patient clinics of the Chest Physician in order to liaise on the cases of Tuberculosis from the Borough, and then home visits are made to ensure the attendance of contacts for investigation and B.C.G. vaccination at the department's 'Contact Clinic'.

Certain of the Medico-Social Workers attend the special Women's Clinic run by the V.D. Consultant in the Health Department for the purpose of liaising on Contact tracing and assisting with the running of the clinic.

During epidemic situations such as the outbreak of Poliomyelitis 1965, the Smallpox contact situation in the Bradford Outbreak of 1962 etc., the Medico-Social Worker is involved in visiting affected households and in prophylactic vaccination sessions at centres.

#### (5) HANDICAPPED

All new births in the town are notified to the Medical Officer of Health and the co-operation of the Midwives, General Practitioners and Hospital Obstetric Services is sought for any factor in the ante-natal, natal and post-natal period which might be significant in contributing to the mal-development of the child to be notified at the same time. This enables the Medico-Social Workers to compile a register of children in their own areas at special risk (The At Risk Register). These children are under close surveillance to determine whether the anticipated defect does materialise and, if so, the names are transferred to the Handicapped Register. The Medico-Social Worker will then report progress to a Case Conference involving the Consultant Paediatrician, Orthopaedician, and Child Psychiatrist, together with the family doctor. The plan is for the 'total problem' of the handicapped child within the family to be considered, appropriate therapy instituted, advice given regarding management and rehabilitation, schooling and work placement/training.

Continuity of care will then be available from birth to adult life and backed by the resources of Medical Auxiliary teams, the specialist hospital consultants in Ophthalmology and Otolaryngology, etc., and the welfare training and protected-Workshop facilities and purpose-built accommodation for the handicapped. The Medico-Social Worker is thus the general purpose social co-ordinator in conjunction with the general purpose doctor, the General Practitioner, through the provisions of Sections 22 and 28 of the National Health Service Act, the Education Act of 1944 and the National Assistance Act, 1948.

#### (6) CARE OF THE AGED

There are in Blackburn approximately 15,483 persons over the age of 65 years (1966 estimate). There are a further 4,000 females over the age of 60 years so that there are in all about 19½ thousand persons beyond retirement age in a total population of about 100 thousand, and from this extremely high proportion of non-wage earners there is an escalating demand for services of support as the following figures of visitation by Medico-Social Workers indicate.

Medico-Social Worker visits for purpose of Care and After-Care, etc., for the years 1963 were 6,705 ; 1964, 11,048 ; 1965, 18,007 ; 1966, 20,905 ; 1967, 22,339 ; 1968, 21,263 and for 1969 21,389.

To these in 1969 are added further visits to the aged for Chiropody, hostel liaison, etc., giving a grand total of 21,844.

In Blackburn, Care of the Aged is organised on a 4-tier basis.

*Tier i.* Represents old persons living in the ordinary domestic accomodation of the town and able to cope, with or without the help of neighbours, relatives, friends.

*i.e.* Fully independent.

*Tier ii.* Those old persons living in purpose-built accommodation for the aged and requiring some surveillance, either from an adjacent hostel, or from a Supervisor employed by the Health Department, living in contiguous property to those of the aged.

*i.e.* Semi dependent.

*Tier iii.* Those old persons requiring to be accommodated in Part III hostels with full supportive services.

*i.e.* Fully dependent.

The Hostels are organised to accommodate not only the residents but also to enable persons from Tier 1 or Tier 2 to come in for meals and social activities ; where necessary, for meals to be taken out as a 'Meals on Wheels' Service, and for Chiropody, Physiotherapy, Occupational Therapy and medical supervision to be available sessionally.

*Tier iv.* When old persons in either of the above Tiers develop clinical conditions requiring diagnosis or therapy appropriate to the hospital service, they are transferred to the Hospital Geriatric Unit and can become either In-patients or Day patients.

All four Tiers enjoy visitation according to need by the Medico-Social Workers who are able to mobilise supportive services such as Home Helps, Meals on Wheels, Invalid Aids, etc. and in their liaison on the hospital unit are able to make a valuable contribution to the deliberations of the Geriatrician from their knowledge of the social conditions. He in turn contributes by advising on the nature and type of After-Care required on discharge. The reports of the Medico-Social Workers, in conjunction with the certificates of the family doctor and assessment of the Public Health Inspectorate, contribute to the decision making regarding 'priority housing' demands.

The Medico-Social Worker is notified weekly of all discharges from the local hospitals of women over the age of 60 years and men over 65 years, and of all such persons completing courses of nursing care by the District Nursing Service, or receiving Home Help or Meals on Wheels Services.

Health clinic/Social club activities for the aged are being developed in the various Medico-Social Worker areas so that Group Health Education on subjects appropriate to ageing can be presented and the aged can be stimulated to keep their mobility and develop 'mutual' help services, and the reporting of problems to the Medico-Social Worker for her attention.

## (7) PROBLEM FAMILIES

Most societies carry a quota of families who do not conform with the currently acceptable patterns of behaviour, being deviant in many respects and often sufficiently so as to conflict with the laws of the society. In Blackburn, we have approximately 100 families at any one time who are



capable of fitting into the definition of 'Problem Family' (refer to Annual Report 1966) and at least as many again who constitute 'families with problems'. These it falls to the lot of the Medico-Social Worker to supervise with a great expenditure of time and energy, the dissipation of resources and the sure anticipation that a high proportion of relapse will occur whatever attempts at rehabilitation are made. The critical factors in dealing with these groups is to maintain a roof over their head and to forestall the recurring threats of eviction, to restore the facilities oft withdrawn by the gas, electric and other undertakings for cooking, heating and lighting, and to re-adjust the recurring state of financial insolvency.

Where Corporation tenants are entering onto the slippery slope of rent non-payment, leading to probable threat of eviction, their names are referred to the appropriate area Medico-Social Worker by the Superintendent Nursing Officer, who has weekly liaison meetings with the Housing Department. Thereafter, the Medico-Social Worker attempts to sort out the arrears and to bring the domestic economies into some sort of balance. This is only one feature of the preventive service coming within the purview of Part I of the Children's Act, 1963, to prevent children coming into care. It is also often necessary to admit children to Day Nursery, to put in specially selected Home Help, to guide the mother of the family, to correct sanitary and other housing defects through the Public Health Inspectorate and to mobilise charity in cash or kind to help the families.

#### (8) TRAINING

(a) Blackburn County Borough co-operates with the Bolton training scheme for Health Visitors and a Rota of Medico-Social Workers function as 'Field Work Instructors' to give trainees insight into the multifactorial problems of an urban community. Individual trainees carry out supervised visits to homes, problem families, clinics, special schools, training centres, day nurseries, etc., and are given advice and guidance on procedure techniques, etc.

(b) Blackburn and District Hospital Nurse Training Group refer trainees to the Health and Social Services Department to gain insight into local authority social services, which is largely effected by the Medico-Social Workers.

(c) Hospital Junior Medical Staff in training for the Diploma in Child Health usually gain their Local Authority service experience in Blackburn County Borough and again the Medico-Social Workers are involved in demonstrating Infant Welfare Clinic, Day Nursery, etc. procedures.

(d) Senior pupils in Secondary Schools and Teacher training candidates often request the opportunity to see Local Health Authority services for the purposes of their study projects and the Medico-Social Workers are then involved in the exercise.

#### (9) SPECIALS

(a) Immigrants who have 'Entry Permits' and dependents without entry permits are notified to the Medical Officer of Health of the reception area by the Ports (Airports) of Entry. This enables the Medico-Social Workers in Blackburn to visit the new home and ensure that the immigrants are aware of the services available locally for them and are taken onto a General Practitioner's list in an attempt to integrate them into the unfamiliar situation.



(b) In Blackburn, a large proportion of mothers delivered of babies in hospital or Nursing homes are discharged home early to the care of the Local Authority Midwife and the General Practitioner for the residue of the 10-day 'lying-in' period. Assessment of social suitability for early discharge is made by the Medico-Social Workers, as also is social assessment of need for hospital confinement.

(c) Civil disaster, flood epidemic, etc. The Medico-Social Workers are involved with the Public Health Inspectors in assuming a supportive role with affected families, particularly the needs of old persons, and to see those needs are met. In the flooding of 1964 (Waterfall Area), the Medico-Social Workers also carried out a detailed survey of damage claims which formed the basis for compensation awards.

(d) Civil defence. It is anticipated that the greater part of 'Home Care' Services will come, not from the Civil Defence Corps in time of War, but from existing local authority services. Under the circumstances, it would be the Medico-Social Worker/General Practitioner personnel who would form the nucleus of the area nursing/home management services operating from Health Centres and supported by District Nurses, St. John Organisation and W.R.V.S. We are not being unmindful of this in our planning.

(e) The Medico-Social Workers are also anticipated to assume the co-ordinating and almoning function for the General Medical Practitioners working from Section 21 Health Centres.

#### (10) RESEARCH

Although the normal concept of the practice of research is of laboratory research, a great deal of sociological and medical research is carried through by detailed questionnaire at local level, the statistics being analysed centrally. In such projects, the Medico-Social Workers make extremely valuable contributions in conjunction with our Assistant Medical Officers.

Examples of such projects in which the Medico-Social Worker has been involved are—

- (a) Nuffield Provincial Hospitals Trust Obstetric Booking Survey
- (b) Oxford Survey of Childhood Cancers
- (c) National Survey of Health and Development
- (d) National Child Development Study
- (e) Nutrition Survey of Pre-School Children, etc.

From an analysis of the 1966 workload of Medico-Social Workers and Health Visitors, quoted in full in the Annual Report 1966, the following extracts are indicative of trends.

Out of a total of 58,679 effective visits :

Visits to aged for various reasons ..	22,583	(38%)
Visits to children .. ..	23,898	(40.7%)
Visits to problem families .. ..	5,253	
Visits to handicapped .. ..	1,054	
Visits to Infectious Diseases ....	1,427	
Visits to Midwifery, etc. .. ..	2,329	

In addition, apart from sessional attendances at Welfare Clinics, there were 252 Health education sessions, 81 attendances at Mothers' Clubs, 2,496 discussions with other Social Workers and work with 255 students in training.

In 1969 the workload was as follows :

**Table 1**

**HOME VISITS BY THE MEDICO SOCIAL WORKERS  
AND HEALTH VISITORS**

	WEST DIVISION	EAST DIVISION	TOTAL
Early Discharge .....	121	88	209
Expectant Mothers .....	264	384	648
Infants under 1 year .....	5640	6236	11876
Infants 1—2 years .....	3240	3471	6711
Children 2—5 years .....	5761	6068	11829
Problem Families .....	1120	1371	2491
Families with problems .....	2097	2397	4494
Maternity Assessment .....	416	450	866
Screening Tests .....	115	416	531
Misc. (M. & CW.) Visits .....	762	1386	2148
Care of Aged .....	6272	7350	13622
Care/After Care .....	3346	4029	7375
Mentally Disordered.....	537	292	829
Other Hospital Discharges ....	57	89	146
Tuberculosis .....	546	919	1465
Other Infectious Diseases.....	210	254	464
Chiropody .....	42	13	55
Hostels .....	184	216	400
Home Accidents .....	173	215	388
Immigrants .....	237	478	715
Physically Handicapped .....	392	236	628
Miscellaneous (P. & AC.).....	753	831	1584
Total .....	32285	37189	69474
Ineffective Visits .....	4319	4705	9024
GRAND TOTAL .....	36604	41894	78498

Visits at Special Request of G.P. or Hospital :			
(i) Aged 65 or over .....	207	185	392
(ii) Mentally Disordered ..	16	25	41
(iii) Hospital Discharges ..	36	28	64
	WEST	EAST	TOTAL
Health Education—Talks.....	152	246	398
Mothers' Clubs .....	27	156	183
Discussions with other Social Workers .....	3593	3906	7499
Students in Training .....	154	264	418

# MEDICO-SOCIAL WORK

**Table 2**

District	Children "At Risk "	Problem Families	Handicapped		Care and After Care Cases	Aged
			Under 16	Over 16		
<b>West No. 1</b>	32	3	6	13	53	40
2	25	6	8	7	111	12
3	29	8	8	12	43	70
4	34	4	8	14	78	34
5	29	6	5	15	62	106
6	59	12	16	18	23	86
6A	19	7	9	29	50	112
7	17	7	17	9	70	72
8	37	3	15	24	17	97
9	32	3	1	7	20	66
9A	60	3	3	3	76	63
10	54	9	15	23	30	116
11	34	13	6	11	4	24
11A	26	1	3	4	24	83
<b>East No. 1</b>	22	..	7	25	95	96
2	57	5	2	3	56	46
2A	36	6	5	14	100	40
3	34	8	2	5	86	44
3A	21	6	7	2	50	47
4	35	2	10	7	68	47
4A	21	1	7	8	36	44
5	52	4	7	25	132	115
6	18	15	9	13	94	107
7	17	5	..	6	65	90
8	56	31	6	30	91	96
9	48	3	4	7	47	138
10	22	22	15	16	158	149
11	29	1	5	24	233	67
12	62	10	17	24	79	84
13	46	13	7	19	33	118
<b>Totals West</b>	487	85	120	189	661	981
<b>East</b>	567	132	110	228	1423	1328
<b>Grand Total</b>	1063	217	230	417	2084	2309

**Table 3****CLINIC SESSIONS ATTENDED**

	WEST DIVISION	EAST DIVISION	TOTALS
Maternity and Child Health Centres .....	422	761	1183
Paediatric .....	64	62	126
Geriatric .....	40	40	80
Chest .....	26	21	47
Special.....	56	34	90
Ante-Natal .....	77	109	186
Prophylactic .....	135	156	291
School Clinics and others....	1030	1096	2126
<b>TOTALS .....</b>	<b>1850</b>	<b>2279</b>	<b>4129</b>

**Notification of Births**

The following Table shows the number of notified births registered in the County Borough during 1969.

Of the 1,813 live babies born to Blackburn mothers, 1,570 were Hospital deliveries.

All live births belonging to other areas were born in Hospital.

	Live Births	Still Births	Total
Blackburn .. ..	1813	34	1847
Transferred to other areas	1112	33	1145
<b>Total</b>	<b>2925</b>	<b>67</b>	<b>2992</b>

**Care of the Unmarried Mother and her Child**

The Blackburn, Accrington and Darwen Moral Welfare Association continues to deal with cases on behalf of the Local Authority.



**Table 4**  
**ATTENDANCES AT CHILD WELFARE CENTRES**

	WEST DIVISION							EAST DIVISION										GRAND TOTAL		
	Leamington Road	Montague	Griffin	All Saint's	Longshaw	St. Aidans	Lammack	TOTAL (WEST)	Little Harwood (2 sessions per week)		Cornelian Street	Kendal St. (2 sessions per week) (to August)	Hozier Street	Larkhill (from Sept.)	Newton St.		Guide		Glenduce	TOTAL (EAST)
									Mon	Thur					Mon	Thur				
INFANTS—																				
New Cases under One..	110	90	107	39	96	102	50	594	94	47	31	88	69	193	164	75	28	61	850	1444
Total Number attending during the year .....	335	202	256	125	233	192	151	1494	215	116	124	110	76	244	389	221	72	174	1741	3235
Attendances—Under 1..	1426	806	1507	544	1263	1701	583	7830	1124	1274	366	889	939	623	2134	926	278	721	9274	17104
—Over 1..	596	205	711	436	959	881	289	4077	356	544	262	422	319	306	573	513	108	220	3623	7700
Total Attendances of Infants .....	2022	1011	2218	980	2222	2582	872	11907	1480	1818	628	1311	1258	929	2707	1439	386	941	12897	24804
Consultations with Dr.	355	275	425	154	291	301	148	1949	243	283	147	230	202	471	343	280	141	177	2517	4466
MOTHERCRAFT—																				
Number of Cases .....	..	18	..	..	..	..	..	18	..	29	..	..	..	..	..	..	..	3	32	50
Number of Attendances	..	38	..	..	..	..	..	38	..	113	..	..	..	..	..	..	..	18	131	169
Average Attendance of Infants per session ..	55	27	57	24	55	72	22	..	32	45	17	28	33	22	62	36	16	10	..	..

I am indebted to Miss L. M. Brown, Superintendent Nursing Officer, for the following report on the Day Nursery Service and Child Minding.

### Day Nurseries

The first intimation of group minding of children other than in the home was when the Medical Officer of Health quoted in his Annual Report of 1895 that he much regretted the closure of Mr. Eli Heyworth's Creche. There was great difficulty in conducting institutions of this kind successfully. As all the young girls went to the mills as soon as they left school there was little or no way of learning the rudiments of domesticity, let alone the finer art of rearing other people's children. They would be fed in mixed age groups, on diets probably brought in daily by the individual parent. It should also be borne in mind the children were taken from their beds at the crack of dawn and returned home again in the evening.

In this year, a Committee appointed by the House of Lords was set up to enquire into the nursing of children away from home.

The death rate of infants in Blackburn was 235 per 1,000 live births, higher than Manchester, Salford and Bolton.

It is not surprising there was child neglect in a boom town, thriving with industrial prosperity so long as women and young girls were working. Ante-natal mothers were known to work to the end of their pregnancies, and would return to the mill as soon as they were up and about again. Nursing mothers came out of the mill sheds when babies' feeds were due. Work in a damp, humid atmosphere, long hours of standing, continuous bellowing of machinery, the anxiety should the looms break down, or if flaws appeared in the cloth, which of course meant a stoppage—such was their lot. What were they fit for when they came home at night? Certainly not the interest, mental or psychological welfare of their children. There was the husband to consider, a family to feed, and the day ahead to prepare for.

The need for munitions during the second World War brought about the establishment of three war time Nurseries in 1942: Holden House, St. Alban's Place and Holly Mount. These nurseries offered accommodation to 42 residents and 47 non-residents of children of pre-school age. Although the numbers on the Register were high, actual attendances were disappointing, owing to the prevalence of Mumps, Whooping Cough, Chicken Pox and Diarrhoea. Only by visitation, teaching and continuous observation of these children could one hope to stop the spread of this type of infection, particularly as more than half the children were returning to their homes nightly and mixing with older brothers and sisters.

Nineteen forty-three saw an outbreak of Dysentery (four Sonne and 30 Newcastle). In 1946, Intack Day Nursery (previously used as a Nursery School) was taken over by the Health Department, adding a further 40 places and giving a total of 143.

Two Civil Defence vans were used to transport children to and from the Nurseries in certain areas, including those resident for weekly periods who were taken home on Saturday afternoons and returned on Sunday, ready for the night shifts in factories. These vehicles were manned by Civil Defence drivers and their attendants. This helped greatly in breaking the monotony which unavoidably occurs when "waiting for something to happen."

With the ceasing of hostilities the need for "shift work" dwindled away and nurseries were closed to resident children. By the end of 1946, Holly

Mount ceased altogether, and was sold as a private dwelling, whilst Holden House and St. Alban's Place Day Nurseries were admitting for day care only. Charges at that time were 1/6d. daily.

Owing to the great need for the revival of the Cotton industry in Lancashire, priority was given to certain towns (Blackburn being amongst these) for the purchase of Prefabricated Day Nursery Structures, through the Ministry of Health. Thus women, including young mothers deprived of munition work, could return to their former industry or train in the arts of winding and weaving, as did their ancestors before them. By 1948, four such nurseries had been acquired and Church Hill House (a private dwelling) in Little Harwood. Only a limited amount of staff training took place during the war years, particularly in the form of the Child Care Reserve Certificate and courses of three weeks duration for Nursery Wardens. But 1948 brought about the first of many 2-year training courses for the Royal Society of Health (then known as The Royal Sanitary Institute) Nursery Nurse certificate. All practical work was carried out in Blackburn Nurseries, whilst students attended the Lancashire County Council's training centre at Penwortham, Nr. Preston. During the year, six Students enrolled for the 2-year course, six Nursery Assistants obtained the Child Care Certificate and one Warden qualified in Manchester.

Day Nursery charges remained at 1/6d. per day, and with the "passing out" of Civil Defence, the Local Authority in their wisdom saw fit to purchase two Nursery vans (Austin Wayfarers) and adapt the interior to meet the needs of transporting young babies from 3 months old, and the fitting of suitable seating to accommodate an age range of 18 months to 5 years, as well as nursery attendants requirements.

During these early years the general physique of many of the children was poor, and home care and management left much to be desired. Assistant Medical Officers examined all children monthly, and many were brought by van to the Health Department for remedial exercises and ultra-violet light courses. To prevent the spread of infection, all children entering Day Nurseries were given prophylactic treatment against Diphtheria and Whooping Cough, together with more stringent forms of exclusion from the nursery, when conditions so demanded. Dental inspections took place annually for the 2—5-years and where necessary, treatment carried out in the Dental Department. All these arrangements appertain today.

Nineteen forty-nine saw the opening by the Lancashire Cotton Corporation of the first Day Nursery on factory premises in Blackburn at their Imperial Mill in Gorse Street. Naturally this nursery was supervised by the Health Department. Whereas it had everything the Local Authority Day Nurseries had not, *i.e.*—

- (a) Modern equipment;
- (b) A new building—excellent heating channelled through from their main supply (an essential feature when dealing with little children lacking in our own premises).

Imperial Mill never had an atmosphere of a true Day Nursery.

There was always difficulty in obtaining the staff that mattered—trained Nursery Nurses and a suitably trained Warden. It lacked expertise from the day it was opened. Food was not cooked in the Nursery but came over from the Staff Canteen. There was always enough food, but variety and essential dietary for this age group was often sadly lacking. Mothers paid



1/- daily and all naturally worked at the Mill. Because of infection, the Medical Officer of Health called for a closure in May 1951, so that thorough cleaning and disinfection could take place. By November, 1952, the Registration Certificate was returned for cancellation and the Nursery closed. This was the first and only Industrial Day Nursery ever provided to this day. Continuity is essential and this can only be achieved by a happy well-trained staff, with good will and understanding from the Management.

Owing to increased facilities involving a great deal of supervision and administration, the Health Visitor already responsible was redesignated Supervising Matron and the first Day Nursery Clerk appointed.

Nineteen-fifty was a great year, never before had so much money been "put out for so few," It should be remembered that war-time Nurseries were equipped by the Ministry. Blackburn adapted Church Hill House and it opened with 42 places for 0—5 year olds in March ; Albion Street with 48 places on 6th June, and Stancliffe Street on 6th September also with 48 places. In 1951, Lincoln Road Day Nursery was completed and opened on 17th April with 52 places for the 0—5 years. Total places in the Borough stood at 310.

Staffing was beginning to be a problem, and No. 8 St. Alban's Place was purchased by the Health Committee as a Staff residency. Very little needed doing to the interior except decoration and the cellar adapted as a laundry room. This house provided accommodation for eight female staff. It was useful for the recruitment of young staff from outside the Borough Boundary. The hours being long (6.30 a.m. to 6.0 p.m.) and without residential facilities recruitment was limited. Known as the Nursery Hostel, it served an admirable purpose in training girls in Cookery, Housecraft and Management, together with the many tutorials and coaching classes for girls sitting the Nursery Nurses' Examination Board Certificate. Alas, it is said, all good things come to an end, as the Hostel did in February, 1965, at the hands of a bulldozer, being in a clearance area. The Staff moved to temporary accommodation at the District Nurses' Home in St. Peter Street, awaiting the day when the Montague Major Health Centre could be built.

It soon became evident a town the size of Blackburn, where female labour tended to follow an ancestral pattern, that problems would occur in the form of staffing, both professional and domestic, together with the difficulty of keeping all Day Nursery places filled.

In 1952, Gladstone Street Day Nursery was nearing completion, and already there was a staff shortage. For this reason, the Health Committee seized the opportunity to improve facilities for the Mentally Handicapped who were still housed in Alma Street. This prefabricated Nursery building was never used as a Day Nursery, but with slight modification it became the first workable Junior Training Centre, in 1953.

With 361 children on the Day Nursery registers, there were 49,834 attendances during 1951, the highest ever recorded. The cost to parents had also increased from 1/6d. to 2/9d. daily. In the following year, due to falling attendances and the generally decaying state of the building, Intack Day Nursery closed and subsequently demolished. Once again, the Nursery fees were raised, to 4/- daily, and parents whose children were transported to and from certain nurseries owing to lack of public transport in those areas, paid 1/- weekly for this extra service. Blackburn was practically the only Local Authority providing such transport.

Total attendances were low in 1954, once again due to Measles, Mumps and Chicken pox and, in one Nursery, an outbreak of Dysentery. Four



Table 5

## PARTICULARS OF DAY NURSERIES

	Holden House	Church Hill House	Stancliffe Street	Lincoln Road	Albion Street	TOTAL
<b>Number of Approved Places</b>						
0—2 Years ..	5	8	8	8	8	37
2—5 Years ..	26	34	40	44	40	184
Totals ..	31	42	48	52	48	221
<b>Number of Children on the Register at end of Year :</b>						
0—2 Years ..	7	11	18	15	12	63
2—5 Years ..	23	27	30	37	37	154
Totals ..	30	38	48	52	49	217
<b>Total attendances during the year:</b>						
0—2 Years ..	1321	2053	2564	1991	2076	10005
2—5 Years ..	4377	5368	6210	6634	7886	30475
TOTALS ..	5698	7421	8774	8625	9962	40480

Nurseries were training Students and registered so to do by the Ministries of Health and Education. Once again, fees altered to £1 for the first child in a family and 15/- for subsequent children. The cost at the time was £3 per week per day nursery place. Later on (in 1956) fees became 27/6d. for the first child and 12/6d. for subsequent children in the same family. There were however, special circumstances when fees were lowered or disregarded altogether. In 1956, Albion Street Day Nursery closed due to falling attendances. Several proposals were put forward on its future use, *i.e.*, a Branch Maternity and Child Welfare Centre, or a Preliminary Training School for Student Nurses under the Hospital Management Committee.

St. Alban's Place Day Nursery (providing accommodation for 60 children) consisting of three former dwellinghouses (9, 10 and 11) was deteriorating, and costing an excessive amount in running repairs. The more modern methods of outdoor play, needed so much by these young children, were virtually impossible to introduce, with the absence of any grass surface and the back yards inadequate in size.

For these reasons, the Ministry of Health suggested closure. This took place in early 1958, and Albion Street reopened in September of that year. The closure of St. Alban's Place resulted in a great loss of baby places and two van duties became necessary, giving a larger catchment area and so

relieving the heavy waiting list for Church Hill House. The cost to parents rose to £2. 5s. 0d. for the first child, remaining at 12/6d. for subsequent children in the same family and parents of transported children paid 2/- weekly from 1st April.

#### TOTAL ATTENDANCES ANNUALLY IN 221 APPROVED PLACES

1959 ..	35,022	1964 ..	40,629
1960 ..	41,788	1965 ..	39,728
1961 ..	38,309	1966 ..	38,357
1962 ..	36,180	1967 ..	39,989
1963 ..	38,925	1969 ..	40,480

Nineteen fifty-nine was fraught with epidemics. All Day Nurseries had outbreaks of Measles in May and June, whilst two also had many children away with Measles during the whole of December. With Dysentery and Chicken Pox the annual attendance figure was the lowest ever recorded for the number of places available. Apart from 1962 when three Prefabricated Nurseries closed because of burst pipes, attendances varied with the amount of infection and periods of quarantine. Following the winter of 1962, it was quite obvious that something would have to be done about the heating in the prefabricated nurseries and during 1963, overhead gas heating was discontinued and electricity in the form of night storage heaters with day-time boosting installed.

Attendances have not been as low since, although from time to time much inconvenience has been caused through failure of the present method of heating.

In 1964, Stancliffe Street Day Nursery was closed for several weeks due to severe flood damage in the Mill Hill area in July. Attendances were significantly high, due to lack of infection during that year.

### Nursery Training

During the last 20 years of Student training, there have been several changes. When the L.C.C. Training Centre closed in Penwortham, all students, including Blackburn girls, moved to St. Annes and remained there until the opening of the Rossendale College of Technology. Our students greatly benefited by this opportunity in that there was much less sickness amongst them, particularly chest conditions. Almost 10 years ago, the Lancashire County Council moved its Training Scheme to Rossendale and Lancaster, and Blackburn Health Department entered a scheme with Burnley Education Department, using the Burnley Training Centre for theoretical purposes and exchanging students in their second year, so that ours gain extra experience in Burnley Nursery Schools whilst their Students worked in Blackburn Training Nurseries.

During this time, 76 of our Students sat for the Nursery Nurses' Examination Board Certificate. 74 passed the first time and the other two passed after re-sitting. The result speaks for itself, and both Authorities remain very satisfied with this arrangement.

Looking back over 27 years of unbroken supervision of Day Nurseries, so much could be said for their value and little against their usage. From the commencement, regard has always been for the needy—a way in which a mother could become independent, earn her own living and support her child. Separation, desertion or illness of either parent, together with other social problems have always been given priority.

The placing of Day Nurseries within the Borough has always been with an eye to the mother getting the child up as late as possible in the morning and providing accommodation as near to their homes as possible. Zoning therefore takes place, with the exception of Emergency Admissions. Children requiring special needs come in by way of the Consultant Paediatric Clinics attended weekly by Health Visitors and every possible effort is made to place these children as quickly as possible.

It is a subsidised service and the costing in 1969 has risen to £5. 5s. 0d. per week per child place. For this reason, a very close scrutiny of all waiting lists is essential before interviewing parents. Prior to 1964, all priority cases could be placed almost immediately. However, social problems grow in number every year. It could be said that the pressures of modern living are greater or the present generation is not so able to withstand the pressures and frustrations as did their forebears. Today, they not only want more but expect more.

In the early wartime years, there appeared to be just as much hustle and bustle. Parents, if they could, would push their children in through the Nursery door and vanish, rather than wait to hand their offspring over to someone in charge. Children came in at 6.0 a.m., tired, verminous and dirty, their clothing wet and soiled from the night before. They were often miserable and cold and must have felt at times quite lost and unloved. About 80% had to be bathed, hair combed, and put into Nursery clothes before they could have their breakfast. Some of the resident children would go home on Saturday, free from infestation, and in one night, after sharing a bed with other siblings, would return, dirty, unkempt and verminous the following day.

Training was difficult and a routine took longer to establish. Many had not been in the habit of having regular balanced meals. Vegetables were foreign to them and much coaxing was needed, *i.e.* cauliflower and green vegetables would be hidden under the mashed potato until children became accustomed to foreign tastes. Fish, chips and peas seemed to be the order for most days. Much time would be spent trying to teach some mothers about their children who, perhaps due to lack of time, they barely knew.

Nursery Staff in those days thrived on their "end product"—for when children left at 5 years old to enter school, they looked back on their own achievements. The children's ability to mix, to share, their increased vocabulary, their behaviour at table, was readily noticed by the infant school teacher and so often remarked upon to the visiting Health Visitor.

Today most mothers are extremely interested in the growth of their children, both mental and physical, and want the best for them. During the last three decades, the school leaving age has twice been raised. Young girls are benefitting from Health Visitors' talks and Mothercraft Classes in school. Today it is unusual to bath children before breakfast in a day nursery and very unusual for a mother to refuse prophylactic treatment for her child (even if she refuses outside). Whatever is being learnt by the young child is more often absorbed by the parent and used at home or in bringing up future offsprings.

As I have previously quoted, a great deal of expertise is needed to run Day Nurseries successfully, to manage an upward and more futuristic drive so that children, parents and staff all gain useful and lasting knowledge as well as a sense of achievement.



## Child Minding

To this day, there are many elderly women in Blackburn who can relate the most hair-raising stories of their early life. The struggle for their own existence and later that of their children. Where the manufacture of cloth was the main industry, the great outcry was for female labour. Children not only assisted their parents as infants, but having gone through a period of part-time employment were, by the age of 12 years, full-time employees at the Cotton Mills.

Many unfit for the work at a young age, together with those whose manual dexterity due to old age made it impossible to continue in the weaving sheds, took over the responsibility of caring for young babies and other weaklings, both groups totally inexperienced in the art of rearing and bringing up young children.

In 1895, the death rate under 1 year of age rose to 235, almost as high as in 1893. The causes were chiefly due to Measles and Infantile Diarrhoea. Enquiring into the deaths from Measles, it was found that 95% of children were nursed by their mothers, in many cases staying away from the factories whilst the children were ill. However, a certain number were carried backwards and forwards to a neighbour's house, even during their illness. Very little was done to safeguard the very young although earlier legislation improved conditions for the older child.

During the years of the Cotton Recession in Blackburn, fewer women were employed, causing much financial distress amongst families, as unlike other towns in the area, jobs for women were very limited. One could perhaps say that children at last were at home with their mothers !

The Public Health Act 1936 included Child Life Protection and dealt with children living apart from their parents or relatives for gain. It is interesting to note that in 1939, eight cases were so notified within the Borough. In 1940, this figure rose steeply to 469 and by the end of the year dropped to 388 children being cared for. Many women took up war-time duties, particularly shift work, or permanent night duty in munition factories, causing their young offsprings to be cared for by day and night, boarding them out for six days at a time.

In 1941, arrangements were made by the Ministry of Health in collaboration with the Ministry of Labour and National Service, for the registration of suitable women to act as Child Minders for the care of young children of women engaged on work of National importance, and Blackburn was considered to be a town in which this scheme should be put into operation. Following home environmental assessments by the Health Visitors, the applications were forwarded to the Ministry of Labour and National Service.

In 1941	64	women	were	registered	
1942	159	women	caring	for	193 children
1943	230	„	„	„	298 „
1944	404	„	„	„	456 „
1945	340	„	„	„	361 „

It was an uphill fight keeping check on these children. Minders constantly changed the children they looked after, as one mother ceased employment and another began. Large numbers of children were being cared for without supervision by the Health Visiting staff until found accidentally in different areas of the town. Owing to the excellent co-operation



between Health Visitors in passing on information, records were maintained.

On 1st April, 1946, the Daily Guardian Scheme came into operation and the Ministry of Labour ceased to be responsible for its Administration, the Town Council assuming responsibility, *i.e.* for the Registration of persons caring for infants during the day whilst parents were at work, the Council paying 4/- weekly to the Guardian as a contribution towards the amount agreed by the parents. At this time, 186 Guardians were caring for 194 children; at the end of the year, 247 Guardians were caring for 295 children, the Council paying out £1,423. 6s. 0d. to 347 Guardians.

By 1948, £6,860. 15s. 8d. was paid to 1,492 Guardians.

Finally, when in 1949/50, the scheme came to an end, the cost to the Council was £10,494. 5s. 9d.

Legislation in the form of The Nurseries and Child Minders Regulations Act came into operation in 1948. At that time, it is interesting to note that very few people came forward to register. This was chiefly due to the fact that—

- (a) More mothers were at home
- (b) Many children were cared for by grandparents and other relatives
- (c) As the majority of Minders only wished to care for two children, there was no need to be registered.

Prior to, and during the war years, many young children were house-bound, backward for their age and showed obvious signs of lack of stimulation due to the ageing handicaps of their Minders, as well as the absence of educational opportunities of their mothers in housewifery and mother craft in their earlier years.

It is true to say that we in Blackburn have not, at any time, found gross neglect where non-relatives have been caring for children under 5 years of age. The greatest difficulty, in some cases, is raising the standard of care. Today, young mothers are much more particular with whom they are prepared to leave their children and even if financially embarrassed there are some who remain at home in the hope of obtaining a nursery place.

Today, the Cotton Mill is only one of the many industrial concerns in the town giving women much more freedom of choice in employment than hitherto. With their present day needs and standards to uphold, or aim for, it is essential that most women go out to work and the Amended Regulations of 1968 has caused much concern and frustration in many homes.

The presentation of any legislation to the public by way of Press Advertising is more often than not misunderstood. This, together with the heavy fines for failure to comply with the Regulations' requirements the need to subject themselves to X-ray has certainly caused many past Minders to 'down tools' and steer clear from care of the under fives. Older people are more afraid of committing an offence, even when the Regulations are explained to them, and often are against being X-rayed. For this reason they either give up Child Minding or, if attached to the children, carry on without payment. Younger mothers found to be minding children unregistered, have in general complied more readily when the situation has been explained to them, particularly from the X-ray point of view. However, one cannot help but feel that there are a large number of children minded in the community, more particularly for short periods, whose minders remain unregistered.

One thing is certain. Standards of care will always be different in varied types of situations over the country, and in an industrial area such as Blackburn, the willow must bend—Rome was not built in a day, neither will standards of Child Minding move but slowly towards the goal that all would desire.

At the end of 1969, 53 Registered Minders were caring for 68 children.

### **Services Associated with Child birth**

The early practice of Midwifery was uncontrolled, unguided and undisciplined, and often devolved upon untrained persons of the "Sairey Gamp" type so adequately presented by Dickens as being dirty, dishonest and intemperate. Unlike the Child Health Services, there already existed a body of expertise systematised and developed from William Smellie's obstetric treatise of the 18th Century. The changes inherent in infection had been demonstrated by Semmelweiss in 1846 at the Woman's Clinic, Vienna, rationalised by the further influence of Pasteur and Lister among others.

In 1846, Liston and Simpson made a major contribution in the development of anaesthetic ether and chloroform. However, it was in common with the other personal health services that midwifery received its great impetus at the turn of the century and, in particular, by the Midwives Act 1902 which set up the Central Midwives Board and authorised it to regulate training and practice and exercise disciplinary control and named the Counties and County Boroughs as the Local Supervising authorities.

The Second Midwives Act of 1918 authorised Midwives to call to their assistance registered Medical Practitioners in case of emergency and for the Local Supervising Authority to pay the fee.

When the birth rate started to rise after the first World War in the 1920s, there was urgent need for hospital beds for confinement and to meet this requirement the Central Department approved of the use of the accommodation contained in a number of Poor Law Infirmaries, on the condition that the wards so used should be called the "District Maternity Home" and that each patient was admitted on an order of the Medical Officer of Health in order to remove as far as possible the "Poor Law" stigma. In August 1921, Blackburn Corporation, with the co-operation of the Blackburn District Nursing Association, established a small maternity home of six beds at the Nurses' Home, St. Peter Street. It had great success and soon was unable to cope with the demand. As a consequence, Springfield House was purchased and equipped for 20 patients and opened in November, 1923.

The St. Peter Street home, while open, accommodated 198 patients for 2,920 patient/days.

In January, 1923, there were 43 midwives who notified their intention to practice in Blackburn, two resigned leaving 41 at the end of the year. Of these 31 were trained and ten untrained, and the trained midwives attended 1,541 confinements, *i.e.* average 49 per midwife. They sent for help on 310 occasions, *i.e.*, for 20% of cases attended by them. The ten untrained midwives attended 229 confinements, an average of 22 per midwife and sent for help on 25% of their cases. Twelve cases of puerperal fever were notified and four of these died. One further death from puerperal fever also took place.

The 1936 Midwives Act required every Local Supervising Authority to secure the employment of sufficient whole-time Midwives to meet the needs of their area, and authorised the Central Midwives Board to insist on regular refresher training courses for midwives. Until this period, the Maternal Mortality rate remained fairly steady at approximately four per 1,000 live births, yet by 1943, it had declined to about half the 1935/6 rate due to a number of factors:

- (a) The introduction of Sulphonamide in 1935;
- (b) The introduction of bacteriological controlled routines;
- (c) The common use of blood and plasma transfusions;
- (d) The increased use of Midwives;
- (e) An increase in institutional midwifery.

In 1932, a Departmental Committee reported on Maternal Mortality and concluded that 46% of the deaths were preventable and that the avoidable factors were:

Lack or failure of Ante-Natal Care	..	15%
Error of judgement	.. ..	19%
Lack of facilities	.. ..	4%
Negligence of patient	.. ..	8%
		<hr/>
		46%
		<hr/>

The quality of Ante-Natal care became the key factor in ensuring a satisfactory outcome to confinement and in particular after rickets ceased to interfere with the passage of the foetal head, the prevention and treatment of Toxaemia. Antibiotics were added to Sulphonamide and Penicillin to further the attack on infection so that by the time the National Health Service Act came into force in 1948, idealised ante and post natal routines had been worked out and were applied wholeheartedly in the Blackburn service. As a result of the Hospital Management Committee's decision to cut out redundant maternity beds in 1953, the Springfield (22 beds) Maternity hospital was converted to Geriatric use.

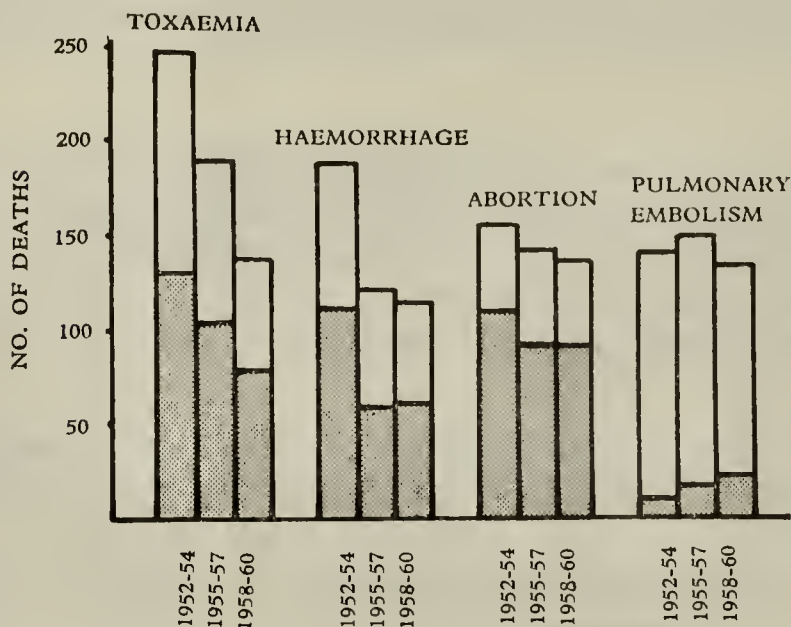
In April, 1956, a Special Committee, under the Chairmanship of the Earl of Cranbrook was appointed "To review the present organisation of the Maternity Services in England and Wales, to consider what should be their content and to make recommendations."

The report of the Cranbrook Committee was published in 1959.

A special report on Confidential Enquiries into Maternal Deaths 1958-60 was compared with similar surveys and data from the 1952-54 and 1955-57 series and Diagram 1 illustrated that the major causes of maternal deaths are toxaemia, haemorrhage, abortion and pulmonary embolism and in these causes, the proportion attributable to an avoidable factor.



Diagram I. — NUMBER OF DEATHS IN THE FOUR LARGEST GROUPS  
(Causes of deaths in which there were avoidable factors shown by shading).



In 1960, a Maternity Liaison Committee was set up in Blackburn with the intention of ensuring satisfactory co-ordinating of services as between the Part II, Part III and Part IV elements of the National Health Service. After consideration of Ministry of Health Circular (65)32 relating to planned early discharge of maternity patients the Committee agreed a co-operative scheme to operate in the Blackburn Area.

In February, 1964, the incidence of Congenital deformities was discussed by the Committee and it was resolved to provide a scheme whereby babies at special risk of developing congenital malformations by virtue of factors in their birth should be notified to the Medical Officer of Health to compile an "At Risk" register to facilitate follow-up by the Health Visitors.

Table 6 illustrates the changes over a single decade affecting the midwifery service in Blackburn. The birth rate has climbed but the domiciliary confinements have declined. Midwives have had the frustration of less and less 'true' midwifery and more and more 'nursemaid' midwifery as the 7,304 follow-up visits for early hospital discharges indicate.

Added to this has been the difficulty of providing teaching for Pupil Midwives and the administrative problems of utilising half the staff as "part-timers." Undoubtedly the whole of the practice of midwifery should become part of the hospital service with the General Practitioner/Obstetrician co-operating with the Midwives in General Practitioner Units for normal midwifery adjacent to Consultant Units for difficult cases. This would ensure the ready availability of An aesthetic, Blood Transfusion, Pathological and Obstetric Consultant support to every woman in labour who wished to avail herself of hospital care. It would also carry with it the implication that complete ante-natal care, including mothercraft and relaxation, and management of the 'lying-in' period would be the responsibility of the



Table 6.

## MIDWIFERY STATISTICS 1959 — 1969

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Live Births	1584	1680	1665	1791	1750	1798	1777	1805	1861	1848	1842
Stillbirths	37	46	34	45	36	40	29	29	25	30	36
Birth Rate	14.95	15.95	15.71	16.93	16.66	17.35	17.24	17.73	18.44	18.4	18.4
Midwives—											
No. of confinements attended	568	563	498	567	516	495	440	394	348	245	184
(a) Doctor present	29	36	48	32	46	34	..	..	10	8	8
Our Lady of Compassion	..	..	..	184	164	191	135	125	110	168	135
Hospital Discharges before 10th day	301	219	221	423	287	526	544	786	1078	1274	1297
No. of Visits to Early Discharges	2453	1797	2019	2460	2035	3038	3044	4769	5843	6895	7304

Hospital Service with the Consultant in Obstetrics rightly demanding and insisting upon the quality of the Service. To contrive this, the 22 beds lost at Springfield would need to be found within the Queen's Park Hospital curtilage for Blackburn County Borough cases alone, whatever arrangements were made for the adjacent County area.

**DOMICILIARY MIDWIFERY 1969**

	Doctor not booked	Doctor booked	Cases delivered in hospital but discharged before 10th day
No. of Confinements attended ..	..	184	1297

Doctor present at delivery	..	..	8
Trilene Administered	..	..	149
Pethedine given	..	..	92
Night Calls	..	..	108

## SECTION 25. HOME NURSING

District Nursing was one of the earlier of the Voluntary Services associated with Public Health and owes its inception to Mr. William Rathbone of Liverpool, who, in 1859 appointed a nurse to undertake duties amongst the poor people of the Borough. This nurse's reports on the need for such services induced Rathbone to establish such a system of district nursing in Liverpool. In 1890 he wrote a book sketching in the history and progress of district nursing and this was dedicated to Queen Victoria. The Queen then devoted the bulk of the money presented to her by the women of England on the occasion of her Jubilee in 1887 to the furtherance and development of a district nursing service and ultimately the voluntary service became known as the "Queen's Nursing Service."

The scarcity of trained nurses caused much difficulty in the early years of the service but Florence Nightingale suggested the best solution would be to establish a School of Nursing in Liverpool. This was adopted and in association with the Royal Infirmary the Liverpool Training School and Home for Nurses was founded. Arrangements were then made for the accommodation of groups of district nurses in homes where they lived under the charge of Matrons.

Within four years of commencement of the scheme, 18 districts had been organised.

Manchester and Salford followed suit in 1864, the Leicester Association in 1867, the East London in 1868 and Birmingham in 1870. The Metropolitan and National Nursing Association founded in London in 1874, commenced the practice of giving the trained nurses employed special training in District Work. The Royal Charter, which founded in 1887 the Queen Victoria Jubilee Institute for Nurses, had its name changed in 1925 to the Queen's Institute of District Nursing.

The Queen's Institute remained responsible for the training and examination of nurses for the Queen's Register even after the inception of the National Health Service Act, 1946. However, in December, 1967, the Ministry of Health issued a Circular 23/67 relating to the training of District Nurses which indicated that after discussion with the Queen's Institute and Local Authority Organisations, it was intended that the Queen's Institute would cease awarding their Certificate after May, 1968, and that instead, Local Health Authorities would be responsible for training for a National Certificate to be awarded to those applicants satisfying the examination requirements with papers set by a panel of assessors. Approval was given for Blackburn to continue to give practical instruction for prospective district nurses, while the theoretical instruction would continue as hitherto to be given at the Rathbone College under Liverpool Local Health Authority.

### **From April 1963—March 1968**

14 Staff Students from Blackburn County Borough, nine from Preston, one from Burnley and one independent had received training through the Blackburn scheme in conjunction with the Rathbone College.

The following table indicates the work carried out by the District Nursing Service in 1969 :

**Table 7**

Cases outstanding on 1st January, 1969 .. .. .	745
New Cases .. .. .	2019
Number of Visits .. .. .	76193
Cases outstanding on 31st December, 1969 .. .. .	745

Type of Case	Number of	
	Cases	Visits
Medical .. .. .	1185	41960
Surgical .. .. .	590	8948
Infectious Disease .. .. .	6	108
Tuberculosis .. .. .	77	3517
Maternal Complications .. .. .	33	428
Gynaecological .. .. .	71	710
Injectons .. .. .	802	20522
Totals .. .. .	2764	76193
Patients included in the above who were over 65 at the time of the first visit .. .. .	1213	37839
Children included in the above who were under 5 years of age at the time of the first visit .. .. .	128	1170
Patients who have had more than 24 visits during the year .. .. .	418	24880
Patients included in the above who have had an enema prior to X-Ray .. .. .	4	5
Patients included in the above who have had injections only .. .. .	912	24467

The number of visits carried out has varied over the past few years as follows :

1965	Total visits	79,763
1966	„ „	73,619
1967	„ „	70,808
1968	„ „	73,215
1969	„ „	76,193

This is associated with a steady change over to a higher level of part-time staff out of a total establishment of 24 Full-time equivalents, supplemented by State Enrolled nurses capable of carrying out certain limited types of field work.



Two developments are likely to have an influence of future trends :

- (1) The use of pre-sterilised and pre-packed dressings and instruments
- (2) The change over from a remote relationship with the family doctor to a close personal one in Health Centres where the opportunity for discussion of patients and their treatment will be so much easier.

In forming part of the supportive team for the General Practitioner the District Nursing Service has been handicapped by the lack of 'Sitter-in' Staff. To a limited extent 'Sitter-In' personnel have been available for patients suffering from Cancer through the Marie Curie Association which is prepared to pay the fees for sitters in, with or without nursing experience, on a sliding scale. Unfortunately, recruitment is not very successful and many families have to endure the prolonged stress of caring for sick or dying members with no opportunity for respite.

Many of the District Nurses who have midwifery qualifications are involved in the follow-up of maternity patients discharged from midwifery hospital units earlier than the full 10 days 'lying -in' period. In this, they co-operate with the district midwives and make a real contribution to the rapid turn over of maternity beds. After delivery, nursing is, of course, not looked upon by midwives with favour when divorced from the ante-natal care and delivery itself.

## SECTION 26. VACCINATION AND IMMUNISATION

The making available of services for preventing disease by vaccination or immunisation is the residuum of a long history of attempts by various techniques and procedures to resolve the constant threat from epidemic and pestilence to human beings concentrated into urban communities. It is appropriate, therefore, under this section of the National Health Service Act to relate the historical epidemic background although many parts of the attacks against disease are carried out under other sections or indeed other Acts.

The Public Health Service in this country came into existence as a result of the stimulus produced by the fear of epidemics and, for many years, the success of the movement for sanitary reform was estimated by its ability to reduce the number of cases of such severe infectious diseases as cholera, typhus, typhoid, dysentery and smallpox, with their high mortality. Ignorance of the manner of spread of such diseases led sanitary reformers to claim that efficient methods of general sanitation would be adequate to achieve their objectives. It was not until the latter part of the 19th Century when the scientific discoveries of Pasteur, Lister, Koch and other research workers gave added insight that it was made clear that sanitary measures were effective only against infectious diseases of intestinal origin.

The only method available other than sanitary measures and isolation for preventing infection was vaccination against smallpox introduced by Jenner in 1796.

In 1840, the Vaccination Act provided that persons might have vaccinations at the cost of the public. The Vaccination Act of 1853 made it obligatory on parents and guardians to arrange for vaccination of infants within 4 months of birth but compulsion was repealed from the 1946 National Health Service Act.

The fact that Britain was a trading community exposed the inhabitants of these islands to the risk of serious importation of infectious disease and the principle of these which were endemic in the country were smallpox, typhus, dysentery, typhoid, diphtheria and scarlet fever. All had high mortality rates and were supplemented by outbreaks of cholera as part of world pandemics. Sanitary measures were reasonably effective in limiting the "intestinal excretion" type of spread transmitted by the agency of water, foodstuffs, utensils or human hands, such as cholera, typhoid, dysentery, but not particularly useful in preventing diseases spread from upper respiratory droplets, saliva, coughing, like smallpox, diphtheria and scarlet fever, and these had to wait upon the research developments of the ensuing decades.

Antitoxin against diphtheria was introduced by Von Behring and Rouse in 1895 and showed itself very effective in reducing mortality but not in the spread of the disease; prophylactic use of Toxoids to develop immunity awaited the 1930s and was not really pushed to its maximum effectiveness until the post 2nd World War period as part of a National Campaign of eradication.

**Cholera.** This disease was introduced as spread from India and Russia into England in 1848/9. In 1849, the number of deaths in England and Wales from Cholera was 53,293, and there were a further 18,887 deaths from diarrhoea (presumed cholera) making a total of 72,180. It wasn't until 1883 that Koch isolated the Cholera Vibrio and cultivated it although Snow had demonstrated the method of spread from contaminated water supplies in 1849.

**Smallpox.** From the last quarter of 1870 to the first in 1873 when the outbreak terminated, smallpox accounted for 44,079 deaths in England. In the London Smallpox and Vaccination Hospital, the case mortality rates for the years 1870 and 1871 were respectively 66.2% and 77% in unvaccinated persons, and in the two years combined, the rate amongst vaccinated was only 15%. The report of the Medical Officer for the Local Government Board for 1872 showed that out of 821,856 children born in that year, 78,594 died before they could be vaccinated, and out of the surviving 743,262, 93.9% were successfully vaccinated. Glycerinated Calf lymph was introduced 1896/7.

**Typhus.** Until 1869 it was not possible to differentiate between typhus and typhoid and both were classified with other conditions like relapsing fever and cerebro spinal fever as "Fevers."

Typhus of the louse-borne type was endemic in all towns but seldom became epidemic. During the period of 15 years from 1869 to 1883, there were 23,702 deaths from typhus, from 1884 to 1898 only 2,249 and from 1899 to 1913 only 390.

During the potato famine in Ireland 1846/7, many of the impoverished population fled to Liverpool and brought with them famine-fever (typhus). They occupied all available accommodation in the City and approximately 60,000 went down with the disease and 5,847 died. At the same time approximately another 40,000 had diarrhoeal disease from which 2,500 died. During the 1860s, as a consequence of recession in the cotton trade, visitations of typhus occurred in many Lancashire towns including Preston, Wigan and Manchester. The standards of personal cleanliness were inhibited by lack of baths, plentiful water supply and excessively-dear, poor-quality soap, and so infestations were common and enabled the body louse to flourish and transmit its pestilence.

**Plague.** This is one of the centuries old scourges of mankind, spread from rat to man through the intervention of the rat flea. The last major epidemic in this country occurred in 1665/6 (The Black Death) although in 1901 there was a small outbreak in Liverpool and imported cases were found in some ports in 1916 in Liverpool, Bristol and Hull. The replacement of the black rat by the brown rat in Europe was connected with the reduced incidence of the disease as the black rat is much more domesticated than the larger brown sewer rat and its flea is prone to attack man. The importation of black rats in ships has been a constant threat in dockside areas and very careful precautions are taken at ports to suppress by fumigation and the de-ratisation of ships is controlled by legislation. As a prophylactic, Haffkine's vaccine has been used in areas subject to plague epidemics with some success. The Pasteurella Pest is introduced by the rat flea bite, causes local inflammation with abscess formation called a Bubo, hence "Bubonic plague" or respiratory transmission can set up "Pneumonic Plague" which has high mortality.

**Yellow Fever.** This disease is transmitted by the Mosquito *Aedes Egypta* and therefore of serious consequence in the tropics. One of the earlier epidemics occurred in Bridgetown, Barbados, in 1647, and caused the death of a large number of doctors who investigated its causation and transmission. In the absence of any serious concentrations of mosquitos in the British Isles, this disease has not been a cause of alarm, but protection is necessary for travellers abroad in the recognised infected areas. The



causative virus can be grown on chick embryos and by suitable methods a vaccine has been prepared.

Vaccination is available at recognised centres in this country and Blackburn is one of such Centres.

As a great Colonial power, Great Britain had good opportunity to conduct research into tropical diseases and the setting up of two organisations, The London School of Tropical Medicine and the Liverpool School of Tropical Medicine placed us in the forefront of research and instructions with such names as—

Ross (Malaria)  
Donovan (Kala Azar)  
Leonard Rogers (Leprosy)  
McCorrison (Goitre and diseases of malnutrition)  
Christophers, James & Sutton (Malaria)  
Sir Patrick Monson (Filariasis), etc.  
Sir William Leishman (Leishmaniasis), etc.

The International Sanitary Conference of Paris 1911/12, consolidated previous international agreements relating to Tropical diseases, and particularly laid down procedures for dealing with Cholera, Plague and Yellow Fever.

With the onset of the 2nd World War, prophylactic procedure had been developed to protect against Typhus, Typhoid and Para-typhoid, Cholera, Yellow Fever, Malaria, Tuberculosis, Smallpox and Tetanus, and these contributed in no small measure to the protection of our Forces overseas. However, it was the utilisation in the immediate post-war years of prophylactics against Diphtheria, Whooping Cough, Tetanus, Smallpox, Tuberculosis and then later Poliomyelitis, which made the biggest impact on community living and enabled the medical, nursing and hospital bed resources to be disengaged from the war against bacterium and virus, which had dissipated in the past so much time and effort.

The development of specific tests for immunity levels, for example: Schick test for Diphtheria, Dick test for Scarlet Fever and Mantoux test for Tuberculosis enabled a selection of susceptibles to be made so that they could be offered the appropriate Diphtheria toxoid, Scarletina antiserum or B.C.G. Vaccine to induce immunity. The National Health Service Act Section 26 authorised local health authorities in conjunction with family doctors to adopt programmes of immunisation against whooping cough, diphtheria and tetanus, of vaccination against smallpox, and then in 1956 with the introduction of Salk vaccine, of the immunisation against Poliomyelitis. This was subsequently modified to allow the use of Sabin-type live vaccine. In approximately 1954, the Ministry of Education authorised the School Health Service to enter upon a programme of B.C.G. vaccination against tuberculosis in 13 year old school children and this was then extended to contiguous age groups.

Prophylactic procedures have not been devoid of complications and difficulties, some of a serious nature, although the tremendous benefits accruing have largely outweighed the disadvantages.

Smallpox vaccination in its earlier days was associated with septic complications and even under the most ideal of circumstances still can cause, fortunately rarely, encephalitis, generalised rashes and local reactions. Diphtheria toxoid combined with whooping cough vaccine, particularly when alum precipitated in the 1950s produced sterile abscesses at the site of injection and in the presence of community poliomyelitis was found sometimes



to induce paralysis in the muscles of the limb injected.

In the early Scandinavian use of B.C.G. there was an unfortunate accident when a laboratory worker used a wrong batch of vaccine and induced the disease he was endeavouring to prevent. This retarded the use of B.C.G. in British practice for 20-30 years. The use of both 'killed' and 'live' poliomyelitis vaccine has induced poliomyelitis in recipients in rare occasions out of several million doses and the live vaccine produces side effects in some susceptible people.

In 1967, both a 'killed' and 'live' attenuated vaccine against measles were produced but the 'killed' vaccine has already gone out of general production and it is anticipated that the live vaccine will induce a reasonably long extended immunity. It is equally certain that this vaccine will produce some complications and it remains to be seen whether the benefits from the modern mild disease prevention will out-weigh the risks.

Certainly, when the 1968 scheme for protection against Measles in conformity with Ministry of Health Circular 9/68 was presented to the Local Medical Committee for discussion, the Committee advised the Health and Social Services Committee not to introduce the scheme locally. The matter was reviewed as this Report goes to be published and because of the substitution of an alternative vaccine, and public interest stimulated by Ministry publicity. The previous decision has been recommended to be rescinded and Measles vaccination to be made available.

The 1969 statistics of prophylaxis are in the tables below.

**Table 8**

**Immunisation against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis**  
**Number of Primary Courses completed and Reinforcement Doses given during the Year 1969**

	YEAR OF BIRTH						Total
	1969	1968	1967	1966	1962/65	Others Under 16 years	
<b>DIPHTHERIA</b>							
Primary Course	11	1091	84	38	251	321	1796
Booster ..	..	3	1	..	1093	630	1727
<b>WHOOPING COUGH</b>							
Primary Course	11	1088	84	38	44	4	1269
Booster .. ..	..	2	1	..	..	..	3
<b>TETANUS</b>							
Primary Course	11	1091	84	38	268	676	2168
Booster .. ..	..	1	..	..	1034	404	1439
<b>POLIOMYELITIS</b>							
Primary Course } Oral	18	1074	108	51	237	199	1687
Booster }	..	..	1	..	281	381	663

**Table 9**

Type of Vaccine	Given by	No. of Doses	
		Primary	Booster
Quadruple (Diphtheria, Tetanus, Whooping Cough, Poliomyelitis) .. ..	G.P.s only	..	..
Triple (Diphtheria, Whooping Cough, Tetanus) .. ..	L.A. Drs. and G.P.s	1319	6
Diphtheria/Tetanus .. .. .	L.A. Drs. and G.P.s	425	1395
Tetanus .. .. .	L.A. Drs. and G.P.s	309	36

**Table 10***Yellow Fever*

Year	Persons Vaccinated	
1960	....	40
1961	....	114
1962	....	216
1963	....	313
1964	....	401
1965	....	404
1966	....	349
1967	....	289
1968	....	424
1969	....	549

**Table 11**

**PRIMARY SMALLPOX VACCINATION FROM 1960 TO 1969**

Age Group	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Under 1 yr.	421	636	230	28	55	33	45	13	8	8
1 year ....	237	254	451	97	386	262	299	657	1043	873
2 years ....	16	24	162	16	31	48	272	108	188	155
3 years ....	16	24	151	5	8	11	75	83	96	87
4 years ....	18	25	113	3	4	6	29	65	41	55
5—14 years	35	35	903	28	27	23	67	34	99	59
15 and over	156	164	2393	78	111	101	396	119	63	69
TOTALS ..	899	1162	4403	255	622	484	1183	1079	1538	1306

**SMALLPOX : RE-VACCINATION**

Children under 16 years	..	..	1017
Others	..	..	147

**TUBERCULOSIS**

Number of Contact Examinations ..	..	..	..	..	..	239
Number of Heaf's Multiple Puncture Tests of Contacts	..	..	..	..	..	239
Number negative and given B.C.G. ..	..	..	..	..	..	137
Number positive ..	..	..	..	..	..	64
Number of Annual Tests (M.P.) of children previously vaccinated	..	..	..	..	..	343
Mass Vaccination of School Children :	..	..	..	..	..	..
Number of Invitations sent ..	..	..	..	..	..	2437
Number Accepted ..	..	..	..	..	..	2693
Number Heaf Tested ..	..	..	..	..	..	1521
Number Positive ..	..	..	..	..	..	244
Number Negative and Vaccinated ..	..	..	..	..	..	1186
Number Hear Tested after Vaccination	..	..	..	..	..	1140
Number Positive ..	..	..	..	..	..	976

# MISCELLANEOUS STATISTICAL DETAILS ON THE CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

**Table 12**

## ANTE-NATAL AND POST-NATAL CLINIC ATTENDANCES

Sessions Held		Women in Attendance		Total No. of Attendances
Medical Officers	Midwives	Ante-Natal	Post-Natal	
202	247	564	122	2883

**Table 13**

## ANTE-NATAL MOTHERCRAFT AND RELAXATION

No. of women who attended during the year	(a)	Institutional Booked	292
	(b)	Domiciliary Booked	7
			<hr/>
	(c)	Total	299
No. of attendances	..	..	1058

**Table 14**

## EXAMINATIONS CARRIED OUT AT ANTE-NATAL CLINICS

									Total
Rh. Factor—Women	..	..	..	..	..	..	..	..	404
—Men	..	..	..	..	..	..	..	..	—
Kahn Test—Women	..	..	..	..	..	..	..	..	358
—Men	..	..	..	..	..	..	..	..	—
Wasserman Test—Women	..	..	..	..	..	..	..	..	1
—Men	..	..	..	..	..	..	..	..	—
Tests for Antibodies	..	..	..	..	..	..	..	..	53
Haemoglobin Estimation	..	..	..	..	..	..	..	..	704
Fasting Blood Sugar	..	..	..	..	..	..	..	..	5
Pregnancy Tests	..	..	..	..	..	..	..	..	11
Referred to Special Clinic	..	..	..	..	..	..	..	..	2
„ „ Heart Clinic	..	..	..	..	..	..	..	..	—
„ „ Obstetrician	..	..	..	..	..	..	..	..	40
„ „ for X-Ray (Chest)	..	..	..	..	..	..	..	..	2
„ „ X-Ray (Pelvimetry)	..	..	..	..	..	..	..	..	1
Full Blood Counts	..	..	..	..	..	..	..	..	4



## Table 15

### CONSULTANT CLINICS

I am indebted to Dr. L. Read, Consultant Venereologist, for the following report on the Special Clinic :

During the year 1969, 95 new patients attended the Ante Natal discharge clinic :—

Males 16

Females 79

The 16 males were babies requiring blood tests for adoption. The 79 females were divided as follows :—

Five cases of discharges due to *Trichomonas*.

Forty-five cases of vaginitis requiring treatment.

Thirty-two cases of vaginal discharge, not requiring any treatment

On the pathological side blood specimens were taken 102 occasions and cultures to exclude gonococcus 109 times.

Total attendance was 128 in 44 clinics.

The return for the whole of Blackburn showed a rise of 15%, the total number of cases being 747. Of these cases 197 were of gonorrhoea and showed a regrettable rise of 45% during the year. Of these cases of gonorrhoea, aliens accounted for 14% and teenagers 13%.

There were also during the year ten cases of early contagious syphilis, some of which were contracted in the Borough and the source of infection could not be located.

L. READ, *Venereologist*.

Table 16 CONGENITAL ABNORMALITIES NOTIFIED AT BIRTH

Code	Category	1964	1965	1966	1967	1968	1969
0	CENTRAL NERVOUS SYSTEM						
	Spina Bifida .. .. .	5	1	..	3	2	2
	Anencephalus .. .. .	1	1	..	..	..	..
	Hydrocephalus .. .. .	..	..	..	1	1	1
1	EYE AND EAR						
	Ear—Rt. accessory auricle ..	1	2	1	1	..	..
	Corneal Opacity—both lens ..	..	1	..	..	..	..
	Cataract—congenital .. ..	..	..	..	1	..	..
	Pupils—unequal .. .. .	..	..	..	1	..	..
	Left eye—absent .. .. .	..	..	..	..	1	..
	Ear—cartilage defect .. ..	..	..	..	1	..	..
2	ALIMENTARY SYSTEM						
	Hare Lip .. .. .	1	..	1	1	1	1
	Hirschsprung disease .. ..	2	..	..	..	..	..
	Umbilical hernia .. .. .	1	..	..	..	..	..
	Cleft Palate.. .. .	..	..	2	1	..	1
	Anus—imperforate .. .. .	..	..	..	1	..	..
	Rectal Atresia .. .. .	..	..	..	..	1	..
	Congenital hiatus hernia ..	..	..	..	..	2	..
	Sub lingual cyst.. .. .	..	..	..	..	1	..
	Glossoptosis microenathus ..	..	..	1	..	..	..
3	HEART & CIRCULATORY SYSTEM						
	Congenital Heart Lesion .. ..	2	1	..	..	..	1
	Heart—septal defect .. .. .	..	..	..	..	1	..
5	URINO-GENITAL SYSTEM						
	Genitals .. .. .	1	..	..	..	..	..
	Hypospadias .. .. .	..	..	1	1	2	..
	Malformation—kidney .. ..	..	..	..	..	1	..
6	LIMBS						
	Osteomalacia .. .. .	1	..	..	..	..	..
	Talipes .. .. .	2	3	3	7	4	3
	Polydactyly .. .. .	1	..	..	..	..	..
	Thumb—bone missing .. ..	1	..	..	..	..	..
	Extra digits—both hands ..	1	1	..	..	..	..
	Webbed Toes .. .. .	..	1	2	..	..	..
	Hand—fingers malformed ..	..	1	..	1	..	1
	Hand—webbed finger .. ..	..	..	..	1	..	..
	Hips—Bilateral dislocation ..	..	..	..	..	1	..
	Syndactyly—toes .. .. .	..	..	..	..	2	..
	Flexion deformity—thumbs ..	..	..	..	..	..	1
	Dropped wrist .. .. .	..	..	..	..	..	1
	Legs—severe abnormality ..	..	..	..	..	..	1
7	OTHER PARTS OF MUSCULO-SKELETAL SYSTEM						
	Sacrum—irregularity .. ..	1	..	..	..	..	..
	Muscle deformity .. .. .	..	..	1	..	..	..
	Crown of head .. .. .	..	..	..	..	1	..
	Base of spine—depression ..	..	..	1	..	1	..
8	OTHER SYSTEMS						
	Pilonoidal sinus .. .. .	5	2	..	1	..	1
	Pilonoidal dimple .. .. .	1	..	2	..	..	..
	Haemangioma .. .. .	1	..	..	..	..	2
	Birthmarks .. .. .	1	1	1	4	..	3
	Ichthyosis .. .. .	..	..	..	..	..	1
	Exomphalos .. .. .	..	..	..	..	..	1
9	OTHER MALFORMATIONS						
	Hygroma Chest .. .. .	2	..	..	..	..	..
	Mongolism .. .. .	..	2	1	1	2	..
	Multiple malformations ..	..	..	..	1	..	..
	Chromosome abnormality ..	..	..	..	..	1	..
	Totals .. .. .	31	17	17	28	25	21
	Grand Total ..			139			

# DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

## Part A. Attendances and Treatment

Number of Visits for Treatment during year						Children 0—4 (incl.)	Expectant & Nursing Mothers
First Visit	..	..	..	..	..	311	65
Subsequent Visits	..	..	..	..	..	173	64
Total Visits						484	129
Number of Additional Courses of Treatment other than the First Course commenced during year						1	—
Treatment provided during year—No. of Fillings						306	60
Teeth Filled	..	..	..	..	..	287	59
Teeth Extracted	..	..	..	..	..	405	115
General Anaesthetics given						69	10
Emergency Visits by Patients						134	17
Patients X-Rayed						—	2
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)						—	7
Number of Courses of Treatment Completed						165	28

## Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First time)	..	3
Patients Supplied with Other Dentures	..	5
Number of Dentures Supplied	..	9

## Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	..	—
--	----	---

## Part D. Inspections

		Children 0—4 (incl.)	Expectant & Nursing Mothers
Number of Patients			
Given First Inspections during year		846	45
In A and D above who required Treatment		205	45
In B and C above who were offered treatment		205	45

## Part E. Sessions

Number of Dental Officer Sessions ( <i>i.e.</i> Equivalent Complete Half days) devoted to Maternity and Child Welfare Patients :			
For Treatment		..	95
For Health Education		..	—

## SECTION 28. PREVENTION, CARE AND AFTER CARE

This section of the National Health Service Act provides authority for operating a variety of services all making some contribution either to the prevention of disease or to the care of persons afflicted by disease, needing rehabilitation, convalescence or supportive services. It developed as a follow-through of services instituted before the National Health Service Act for Tuberculosis and Mental ill health particularly. The National Health Service Act extended its scope and enhanced its capabilities.

**Tuberculosis.** The original service with Tuberculosis Medical Officers operating through Tuberculosis Dispensaries became re-designated within the National Health Service, and Chest Physicians had joint hospital and community interests, the latter in Chest Clinics run in conjunction with the Local Health Authorities. The hospital province was very largely concerned with treatment and the Chest Clinics with prevention, the tracing of contacts, surveillance of known cases and After-Care which could cover provision of dietetic supplements, extra nutriment, open air chalets, convalescent care, sheltered workshops and training schemes for employment, and placement of families in Tuberculosis settlements such as 'Papworth'. Certain financial aid arrangements for tuberculous patients in difficulties were also operated and the Mass Radiography service, set up as a Wartime expedient, was continued under the Regional Hospital Boards.

The use of B.C.G. vaccine for inducing artificial immunity was exploited particularly to protect family contacts of known cases and this was extended first to school children in their 13th year and later to the age groups leading up to 'school leaving' as a measure to protect from exposure to risk on entering industry.

The Health Visiting/Medico-Social Worker service is involved in conjunction with the Chest Physician in running the contact tracing service, the surveillance of families in which cases occur, and the B.C.G. vaccination at Clinics or in schools with the Assistant Medical Officers of Health. A further Tuberculosis service is the assessment of notified cases needs for priority re-housing on the grounds of the risk to others in the household or because the housing circumstances might be prejudicial to recovery of the patient.

Tuberculosis of Bovine origin, disseminated by infected milk, used to cause many cases of tuberculosis of glands, bones and joints, renal tract, meningitis, miliary tuberculosis and abdominal tuberculosis which were disastrous in children but the pasteurisation of milk and improvement in herd veterinary care almost eliminated this group of manifestations. Tubercle due to the human bacillus, has also declined due to the efforts of the above services associated with the new effective chemotherapeutic agents, so that many less cases are notified and those that do occur are treated in a fraction of the time required before the use of antibiotics.

The introduction of a new susceptible population of immigrants into the Urban living conditions of the town has stimulated the emergence of "Bovine Type" manifestations again even in adults, fortunately as yet in only small numbers.



**Venereal Disease.** This group of diseases is in general dealt with in the hospital service, although a special clinic is run in conjunction with the Consultant Venereologist in the Local Authority premises, principally for women and their children as part of the Maternity and Child Welfare Service. Selected Health Visitor/Medico-Social Workers are involved in running the Clinic and in helping with control of contacts and surveillance.

**Prevention of Blindness.** This is a service which ante-dates the National Health Service and really had its beginnings in the last century when Ophthalmia of the Newborn was extremely common and caused much damage to babies' eyes and was attacked by the practice of instilling dilute Silver Nitrate drops into the new born babies' eyes, later to be replaced by penicillin. The Ophthalmic Neonatorum regulations of 1914 required this disease to be notified to the Medical Officer of Health and then the appropriate therapeutic measures could be instituted.

Fortunately, Ophthalmia, particularly the Gonococcal variety is now uncommon and the short-lived retro lental fibro-plasia due to the use of concentrations of oxygen to try to resuscitate feeble babies has been prevented by the reduction of oxygen levels.

The development of severe visual defects in the early pre-school and school years, is attacked as a joint enterprise between the Consultant Ophthalmologist, the Department's Orthoptists, the School doctors and nurses.

The efforts over past decades to eradicate this serious problem have been successful up to a point. As indication of this, the ever-declining number of clients attending the Workshop for the Blind at Mill Hill and of pupils coming within the Handicapped Pupils Regulations in schools.

However, the degenerative diseases of ageing in the post-employment years continue to present a so far insoluble problem of prevention although many can by therapy be helped.

The Teachers of the Blind help to overcome many of the social problems of defective vision, assist in communicating training, arrange for special wireless provisions or records, or for Braille type books, special equipment and aids and stimulate social activities.

**Loan of Equipment.** Invalid aids are available on loan or supply from the Health Centres often on the advice of District Nurses or Medico-Social Workers, or requests from General Practitioners.

Typical annual issues are as follows, as in 1969:

Bedpans . . . . .	132	Urinals . . . . .	70
Bed Cages . . . . .	45	Mackintosh Sheets	155
Air Cushions ..	79	Back Rests . . . . .	90
Air Beds . . . . .	5	Chairs . . . . .	26
Commodos . . . .	52	Crutches (pairs)..	27
Walking Aids	37	Walking Sticks ..	7
Bed Pulley . . . .	2	Feeding Cups . . . .	14
Bed Blocks . . . .	2	Incontinent Pads	49,475
Wheelchairs . . . .	29		

In many cases the loans are virtually permanent and this is a very valuable supportive service to community medical needs.

**Convalescent Care.** As part of the 'After Care' arrangements, the Local Authority will bear the whole or part of the cost (according to the resources of the recipient) of maintenance at suitable homes of persons in need of recuperative rest, but who do not need medical or nursing care. In providing this service, there is a great deal of co-operation with the 'Personal Services Association' which has its own Convalescent Home at St. Annes. The usual annual uptake of this 'After Care' is from six to twelve persons and is very much appreciated.

**Meals-on-Wheels, etc.** There are many persons in the community, particularly aged living alone who find it extremely difficult for a variety of reasons to prepare balanced meals. The needs of such persons are met in a number of ways.

(a) The Home Help Service (Sec. 29) is authorised for the aged, handicapped, expectant and nursing mothers, sickness, homes in which there are mentally subnormal children, homes where there are many children and problem family situations and part of the job is to make meals.

(b) The Meals on Wheels Service is run as a joint enterprise between the Health Department and the W.R.V.S. to distribute about 19,000 meals per annum of which the W.R.V.S. issue approximately 7,500. The meals are produced at central kitchens of the School Meals service and consequently are not specifically to meet the needs of the aged. A further defect in the service is that in order to meet the traditional lunch time of the clients, very intensive activity of delivery takes place over a short time span, and this discourages the staff involved in the distribution from being able to establish rapport with the clients they serve, to ascertain their other needs or to overcome their loneliness. To overcome this, it is hoped as the hostel development scheme progresses to be able to distribute meals to circumscribed areas around hostels so that the voluntary workers involved will be able to identify themselves both with clients and staff of hostels, and to take out meals more individually tailored to clients' needs.

(c) As part of the pattern developing in (b) above, ambulant persons within the area of influence of the hostels are encouraged to come in for meals, and to have involvement in social activities, access to physiotherapy, occupational therapy, chiropody, etc. Approximately 8,800 such meals are supplied in a year.

(d) The W.R.V.S. run similar but independent luncheon clubs where aged persons can assemble, have meals and enjoy friendly social activities which help to break down the problems of loneliness.

**Chiropody.** The Health Department provides a Chiropody Service for priority groups, namely, Pre- and School children, physically handicapped persons on the Handicapped Register, Expectant and Nursing Mothers and aged persons in our hostels or adjacent second tier flats. Approximately 6,000 treatments are given per year by the three full-time Chiropodists employed who are deployed from the Major Health Centres.

In addition, in 1964 approval was given to the setting up of a Chiropody Service for pensioners to be run by the Health Department but utilising the

private chiropodists in the town in a scheme which allowed for six treatments annually per person in need without charge the Local Authority to meet the Chiropodists' charges based on the Nationally agreed fees for 'clinic' treated or 'domiciliary' treated cases. The scheme came into operation in 1965 and by 1967 there were 6,260 patients receiving 33,022 treatments. Owing to the financial stringency of 1968, the scheme was held in abeyance and £17,000 was withdrawn from the Health vote which otherwise would have been used on this service. Discussions have taken place in early 1969 to explore the possibility of re-instatement of the pensioners' scheme within narrower limitations and it is hoped that this can be started early in 1970.

**Family Planning.** This service provided by the Family Planning Association was, with Health Committee approval, transferred from their then unsatisfactory premises to the Health Department huttet extension in 1960, rent free, on the understanding that the Local Health Authority nursing staff would not be employed in running the service. Minute of 16th November, 1953, authorised that fees for cases brought forward on medical grounds only could be paid by the Local Authority.

In December, 1968, the Clinic was transferred to the Larkhill Health Centre without variation of the terms.

The National Health Service (Family Planning) Act, 1967, authorised Local Health Authorities as follows :—

(1)(i) A local Health Authority in England or Wales may, with the approval of the Minister of Health, and to such extent as he may direct shall, make arrangements for the giving of advice on contraception, the medical examination of persons seeking advice on contraception for the purpose of determining what advice to give, and the supply of contraceptive substances and contraceptive appliances.

Circular 15/67 issued under the above Act clarified the Minister's views on the Service.

As no extra monies had been incorporated in the Health and Welfare department's vote for this purpose and as £50,000 were removed from the vote, extension of the service as envisaged in the Circular 15/67 could not be complied with and the service is "In Status Quo." The Family Planning Association provide two Clinic sessions per week at the Larkhill Health Centre and receive financial support for fees only in cases referred on medical grounds.

**Cervical Cytology.** Cancer of the cervix of the uterus causes the death of many women in England and Wales each year. A technique was evolved of examining exfoliated cells of the cervix under the microscope after suitable staining and it was shown that this could make a contribution to early diagnosis which, if followed by early treatment, could save lives.

Table 17 shows details of Cancer deaths in Blackburn and England and Wales in 1964.

The following notes are helpful in tracing and analysing the Blackburn situation.



Table 17

## CANCER DEATHS IN BLACKBURN

	Males	Females	Total
Stomach .. .. .	28	14	42
Lung .. .. .	59	6	65
Breast .. .. .	—	21	21
Uterus .. .. .	—	15	15
Other neoplasm .. .. .	53	46	99
Leukaemia .. .. .	10	4	14
	<u>150</u>	<u>106</u>	<u>256</u>

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Deaths from all causes .. .. .	796	813	1609
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Cancer of Breast as % of all causes (Female)	2.6%
Cancer of Uterus as % of all causes (Female)	1.8%

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Cancer of Breast as % of deaths from Cancer (Female)	19%
Cancer of Uterus as % of deaths from Cancer (Female)	14%

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Age groups	25—45	45—65	65—75	75 +
Cancer of Uterus (Deaths)	2	2	5	6
Total 15				
Of these :	Cancer of Body of Uterus ..	7		
	Cancer of Cervix .. ..	8		

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Circulatory Disease (deaths)	391 Male	470 Female
	Total 861	

## ENGLAND &amp; WALES 1964

	Per 100,000 population	Total
Cancer of Breast .. ..	40	9,944
Cancer of Cervix .. ..	11	3,989
	Uterus ..	3,989
	Cervix ..	2,577
	Body ..	1,412
	Ovary ..	3,154
Proportion per 1,000 Cancer Deaths	Male	Female
Stomach .. .. .	133	115
Intestine .. .. .	66	115
Lung .. .. .	382	80
Breast .. .. .	1	204
Cervix uterus .. .. .		53
Body uterus .. .. .		29
Ovary .. .. .		65
		82



## SIZE OF PROBLEM

Number of females in Blackburn aged 25/50 years ..	17,000
(i.e. about 680 in each year)	
Deaths of females aged 25+ from Cancer of Uterus	
in 1964 .. .. .	15
(i.e. 2 in age group 25/45, 2 in group 45/65,	
5 in group 65/75, 6 over 75 years)	
Deaths of females aged 25+ from all cancers ..	104
That is—deaths from cancer of uterus constitutes	
14% of deaths from cancer.	
Deaths of females from all causes in 1964 .. ..	813
That is—deaths from cancer of uterus constitutes	
1.8% of all female deaths.	

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The Health Committee agreed in September, 1965, that discussion should be entered into with the General Practitioner Service to ensure their support for a scheme.

27.8.65 Meeting with Pathologists/G.Ps/and L.A. staff at Hospital, and film show. This matter was dealt with at a meeting of the Local Medical Committee on 28th September, 1965, when the G.Ps agreed they would support a service of cytology provided by the Local Health Authority on the understanding that cases would be referred by the family doctor.

Two female doctors on the Local Authority staff were nominated to do this work and all nursing and medical staff saw film on cytology techniques on 6th December, 1965. The two doctors also were given the opportunity of discussing and seeing techniques applied at the Family Planning Clinic under Dr. Watkinson.

One session at the District Nurses' Home was cleared for Wednesday mornings and it was anticipated the service would start in February, 1966. However, the hospital service indicated in a letter dated 7th February, 1966, that they were unable to meet the commitment so far as the investigation of the slides was concerned. An approach was made to Christie Hospital, Manchester, but in their letter dated 24th February they indicated that they were unable to cope with any further cervical smear slides. The matter was reported to the Local Medical Committee on the 22nd February, 1966. A further letter from the Royal Infirmary was received 7th March, 1966, indicating that it was now felt that up to 25 specimens per week might be dealt with and that it is hoped to develop the service to meet our needs as technicians become available. The Family Planning Clinics are also dealing with about 18/20 specimens per week by reference to Christies.

Total for Blackburn therefore in interim period up to 50 per week, i.e. approximately 2,500 per year.

The following statistical details show attendances and findings at Local Authority clinics during 1969.

## CERVICAL CYTOLOGY.

### ATTENDANCES :

Blackburn Patients	..	..	..	516
Out of Borough Patients	..	..	..	96
			Total	..
				325

### REPEAT SMEARS

				From 1st Attenders	3-Year Re-visits
Blackburn Patients	..	..	..	11	36
Out of Borough Patients	..	..	..	2	10
			Total	..	46

COMPLETE NUMBER OF SMEARS TAKEN 667

FINDINGS				<i>Blackburn</i>	<i>Out of Borough</i>
Nil Abnormal Seen	..	..	..	472	94
Monilia	..	..	..	16	1
Trichomonas	..	..	..	34	2
Other Cells	..	..	..	26	4
Malignant Cells (Confirmed)	..	..	..	3	-
Malignant Cells (Not confirmed)	..	..	..	2	1
SWABS TAKEN	..	..	..	24	1
RE-EXAMINED	..	..	..	11	1

## HEALTH EDUCATION

I am indebted to Mr. T. Hodson, Principal Administrative Officer for the following Report on the Health Education Service.

“ Preventive medicine must define and secure the maximum of those conditions of life for the individual and the community which are the frontier defence against disease, and establish the foundations of good living. For the health and physique of the people is the principal asset of a nation.”

Thus wrote Sir George Newman, first Chief Medical Officer of the Ministry of Health, in 1919, in his publication “ An Outline of the Practice of Preventive Medicine.”

The welter of legislation over the past twenty years and obsession with the ‘Emergency Ward Ten’ attitude to curative medicine have blinded those within and without the Service to the fundamental purpose behind the so-called and much-maligned Welfare State.

Another quotation shows that the philosophy behind all this legislation as outlined by Newman has been simply the survival, physically and economically, of the Nation. It could well have been written of to-day :

“ . . . there is still a vast burden of sickness and disease involving much suffering and the loss of millions of pounds of wages and production every year and of millions more on expenditure for treatment and insurance, and this in spite of the fact that the exigencies of the times demand increasing output and production. The problem before us is thus partly, a problem of the defeat of the ‘captains of death’ and partly a problem of husbanding and strengthening the normal physique of the people as a whole in order that life may be happier, more satisfying and more productive.”

In his Annual Report for 1920, Dr. Allen Daley also quotes Sir George Newman, as follows :

“ An essential part of any national health policy is the instruction in the principles and practice of hygiene of the great mass of the people. . . . ”

This, then, forms the basis of Health Education today, beginning locally with a torrential programme of lectures, exhibitions and competitions which were a feature of Dr. Daley’s service in Blackburn during the early nineteen twenties. He and the Town Clerk (then Mr. Lewis Beard) were largely instrumental in setting-up the first National Body to deal specifically with Health Education. This later developed into the Central Council for Health Education and its current successor, the Health Education Council.

In 1920, a local Committee was established to carry out its task in various ways—“ Press notices containing in plain language essential points regarding the prevention of ill-health ; popular lectures illustrated by cinema films or lantern slides and travelling exhibitions. . . . ”

Succeeding reports are a catalogue of intensive activity in this field, so that by 1925 Dr. Daley was able to report that in the 5-year period there were held—

- 33 Cinema Lectures
- 21 Lantern Lectures
- 170 Other lectures and talks
- One Health Exhibition lasting two weeks and attended by 30,000.
- Three other Health Exhibitions
- Two Exhibitions containing Health Sections
- Clean Milk Demonstrations and Competitions
- Poster Competitions
- Newspaper Articles
- Health Sermons

An indication of Dr. Daley's powerful sales technique at Committee level is summed up by his comment in 1926 :

“ This form of Public Health activity has now been legalised by Section 67 of the Public Health Act, 1925.”

Health Education has been legalised ever since, and recognised by most authorities as a vital feature of a Health Department's functions. It is, essentially, why it exists.

Over the past fifty years, directions have changed, techniques have become more sophisticated. The day to day procedures continue through Health Visitors, Public Health Inspectors, District Nurses, Midwives, Doctors and Teachers. These professions will continue to be at the grass roots of all problems. But presentation and the use of Commercial Display methods have become more and more an essential feature. The days of amateur presentation have gone and if Preventive Medicine is to compete successfully with 'big business' then big business methods must be used. Whether this be Anti-Smoking Publicity or Visual Aids in School.

At the same time, lectures, displays and campaigns will fail unless the audience can be interested and the material presented honestly. This depends largely on the personality and ability of those who contribute towards the programme.

The Ministry and National Health Education bodies have recognised this for many years. Apart from documentaries and programmes such as 'Women's Hour' careful attention to 'soap opera' dialogue on Radio and Television will reveal the influence these programmes try from time to time to exert in the sphere of Health Education. Currently, 'The Doctors' is an obvious example. Perhaps not quite so obvious are or have been the occasional, almost subliminal, references to be noted in 'The Archers', 'The Newcomers' or even 'Coronation Street' to name but a few.

To carry out a successful and continuing programme locally, Health Education needs its fair share of the cake. We have for many years carried out the work on a shoe-string. It is interesting to note that during Dr. Daley's period of office there were references to annual expenditure of £200 or thereabouts. Almost fifty years later, this Department spends the same amount on materials, equipment and posters. Despite this, a reasonable programme is carried out.



For years, few Child Health Centres have been suitable for the purpose. Health Visitors have persevered often in surroundings which are the antithesis of the subjects expounded. The establishment of four Health Centres within the space of eighteen months gave, for the first time, opportunity to present Health Education topics under ideal conditions.

Talks in Schools, Clinics and elsewhere have continued, but at last, an annual programme of 'stock' subjects, interspersed with special topics, many three-dimensional, with movement and illumination, used in rotation in the various Centres has become possible. In 1969, subjects included :

<i>January</i>	Family Health Causes of Dental Decay Colds and Influenza	<i>July</i>	'Your Holiday Rendezvous' (i.e. health hazards of travelling, etc.) Spastics Week
<i>February</i>	Chest X-ray Rules for Dental Care (new Dental displays approx. every 3 weeks)	<i>August</i>	Chiropody and Correct Footwear
<i>March</i>	Home Hygiene	<i>September</i>	Smoking
<i>April</i>	Fresh Air and Exercise	<i>October</i>	Dangers in the House
<i>May</i>	'Kill That Fly' Germs from Dustbins	<i>November</i>	Fireworks & Burns 'Guard that Child'
<i>June</i>	Dangers from Water and Derelict Buildings	<i>December</i>	Home Safety at Christmas 'Killer Ice'

Advertising without evaluation is pointless, but unless a department is so geared, it is also impossible. Apart from general observations of the interest shown by the public, only one aspect was followed-up—that on the use of correct footwear. Enquiries after the display at one local shop selling a nationally known brand of children's shoes showed a 20% sales uplift compared with other branches in the area during the same period. Enquiries made to Chiropodists by parents also suggested some measure of success.

During the Autumn, it had been intended to carry out a planned programme on 'Smoking' at selected schools. Unfortunately, a national campaign was organised during the same period when Blackburn was made into a 'control' area ; publicity was therefore restricted to posters only and the projected campaign cancelled.

Health Visitors continued to carry out school talks, mothercraft and talks to Pensioners. A number of groups were shown round the Health Centres and other establishments, whilst visits by Training College Students writing theses on the 'Health and Social Services' continued to be made.

## MASS RADIOGRAPHY

Report on the Annual Mass Radiography Survey held in Blackburn  
from 4th February, 1969, to 25th March, 1969.

<i>Type of Examinee</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Industry/Offices .. ..	807 ..	555 ..	1362
General Public .. ..	1073 ..	2296 ..	3369
Schoolchildren aged 15 and over	107 ..	208 ..	315
General Practitioner Referrals	40 ..	25 ..	65
Hostel Residents .. ..	17 ..	15 ..	32
	<hr/> 2044 ..	<hr/> 3099 ..	<hr/> 5143 <hr/>

### Findings :

- Eight cases of tuberculosis requiring immediate treatment.
- Two cases of tuberculosis requiring supervision at the Chest Clinic.
- Four cases of malignant neoplasm.
- Five cases of non-malignant neoplasm.
- One case of Sarcoids.
- Twenty-three cases of Acquired Cardiac Abnormalities and abnormalities of Vascular System.
- One case of Pneumoconiosis without progressive massive fibrosis.

## MONTHLY VISIT OF MASS RADIOGRAPHY UNIT

<i>Type of Examinee</i>	<i>No. X-Rayed</i>
General Practitioner Referrals .. ..	186
Contacts .. ..	8
Medical Officer of Health Referrals ..	} 360
School Meals Staff .. ..	
Students .. ..	
	<hr/> Total X-Rayed 554 <hr/>

Number referred through own Doctor to Chest Clinic 17

Reports were sent on all the above examinees to the person who referred them in each case.

These sessions held at Montague Health Centre are proving to be very successful and appear to be appreciated by the General Practitioners.

J. I. CAPPER,  
*Medical Director.*

## HOME HELPS AND MEALS ON WHEELS

By Miss L. M. Brown, Superintendent Nursing Officer

Blackburn was by no means behind the times in providing Care and After-care, for in 1945 a combined Domestic and Home Help Scheme was started. Home Helps worked in households where mothers were having their confinements at home whilst Domestic Helps looked after Aged people living alone, young children in the absence of their mother or if through illness in the home, the mother was in need of assistance.

At this time, Chronic Sick beds were just not available and many old people were receiving very little help with the exception of professional services from the General Practitioner and the District Nurse. Naturally their time was limited and if it had not been for the neighbourliness that existed many would have been severely neglected.

One could say that it all started when several individual old people were helpless and alone and in need of more permanent nursing care, and there were no beds available in hospital. Good neighbours had to be found who, for reward, would stay with them through the night or settle them down, making it as safe as possible to avoid falling out of bed by improvisation in the use of furniture.

In 1946, six Helps were engaged and four remained at the end of the year. The Domestic Helps worked 1,552 hours and Home Helps accounted for 718 hours.

In 1947 it was often necessary to pay for temporary help as cases, particularly 'Maternity', do not occur to suit the convenience of any department. The total hours worked by the combined helps was 3,315.

With the coming of the new National Health Service Act in mind, the Medical Officer of Health in his Annual report remarked " Here, then, is the opportunity to make wider provision for the prevention of sickness than has hitherto been possible."

The problem of the aged was very acute and the chances of hospitalisation of even some aged living alone and critically ill had not been possible. But for the odd neighbour paid by the Local Authority, the situation at times would have been gruesome indeed.

At that time, it was estimated that in 1971, there would be in Great Britain 9,756,000 aged (*i.e.* men over 65 and women over 60 years). It would appear that we have nearly arrived !

There is no doubt that the scheme has extended but we have been dogged over the years by either lack of staff or insufficient money when staff were available. Most years, this Section has found itself overspent, but we have never achieved our goal and given a satisfactory service. Either you give or you do not, and no-one can regulate sickness and genuine need, to fit a Local Authority's purse.

In a town where women have always gone out to work, and more particularly in the last 25 years when new industries have been established where women can play an important role, interest in such menial or mundane tasks as household management and domestic chores holds little or no interest for them. If it were not for the few young, interested, and the body of middle aged, all mainly part-time workers, the service would suffer a bitter blow.

In 1950, the first Home Help Organiser was appointed and Courses for Home Helps were started to raise the status and prestige of Home Helps.



A Meals on Wheels service was implemented in January through the Civic Catering Department at Bridgewater Street, and taken around in one of the Local Authority vans, in a container fitted with Calor Gas. At the end of the year, 157 aged persons received 8,280 meals, probably the most appreciated service provided by the Health Committee.

During the year, 17 part-time and 24 full-time Home Helps were employed working a total of 41,912½ hours. Morale amongst the Home Helps was high due to educational and social activities arranged during the year. Two 10-week preparation courses were organised, covering such subjects as simple cookery, household budgeting, home nursing, bed making and attending to patients' needs in bed, together with use of all methods of cleaning apparatus both by modern or antiquated devices, *i.e.* cleaning out the larder, or defrosting the refrigerator, and the use of gas or electrical machinery. In 1952, two further courses of training for Home Helps were carried out.

Unfortunately, after much advertising no progress had been made to implement a Night Sitters-in scheme. The combined difficulty of caring for the Chronic Sick was a great strain on the Home Help resources and it was hoped that with Springfield Annexe being used for Aged females, and when the 40 beds at Clitheroe hospital were available, surely we would see some improvement. With an ageing population in Blackburn alone, this was but a drop in the ocean and when Clitheroe beds were available, it was barely noticed. Many attempts have been made over the years to recruit Home Helps for Tuberculous Households, but all failed.

In 1954, one in seven of the total population of England and Wales were of pensionable age. The approximate Blackburn figure was one in six and the Medical Officer of Health remarked in his Annual Report that this state of affairs would heavily tax the local services 25 years hence. One thing is certain, each year the Home Helps and Meals on Wheels cost will go up—as will the number of clients in need of these services, and by 1959, 674 clients were on the Home Help Services Register, costing £17,989, and 216 Aged received 11,993 meals.

Nineteen sixty saw a very large turn over in staff due to the many more opportunities for women in industry. Group meetings were still taking place in the hopes of maintaining interest. The Home Help Organiser attended a 2-week Study Course and at last, after much negotiating, we were able to increase the Meals on Wheels Services through the W.V.S. and the goodwill of Local and Industrial benefactors in providing them with the wherewithall to purchase a small van. A further three days delivery each week provided an extra 4,375 meals during the year.

By 1963, the W.V.S. had commenced a 5-day delivery of meals, stepping up at last what would seem to be the maximum number of meals which can be supplied with two teams. With the amalgamation of Health and Welfare Departments, improvements in the number of meals provided to aged living in the community has greatly increased, and with the opening of Burnside Hostel for the Aged in July 1965, already 795 meals had been served to people coming into the Hostel from their homes nearby. In 1967 alone, Blackburn Hostels had provided 8,715 meals to their aged in the community. This figure is going up annually and well worthy of commendation, for not only do they receive a meal, but many of the other necessities of life are dealt with at the same time.



Over the years, there has been a complete switch over in the number of Full or Part-time Helps available for employment.

There was a time when it was extremely difficult to get a part-time Home Help although occasionally it was possible to find temporary help from a woman in the area of need who had other commitments, and because of the proximity of the case to her own home, it was a means of supplementing her income.

Continuity of service is nigh impossible at times with the incessant change of staff. The following table will give some idea.

	Full Time employment		Part Time employment	
	Commenced	Ceased	Commenced	Ceased
1959 ..	3	13	15	21
1960 ..	1	4	63	32
1961 ..	3	6	53	43
1962 ..	1	1	35	32
TOTALS	8	24	166	128

It is quite obvious that the part-time worker mainly belongs to the family group whose children are just at school, thus enabling her to see her children off in the morning and be available again in mid-afternoon. Having to rely on this kind of labour what else can one expect other than regular periods off sick with the children—difficulties in getting day minders during holiday periods and constant frustrations both at home and at work.

People who have not been in the habit of having help in their homes do not always appreciate a service they do not have to pay for. Elderly people, like children, are jealous of other people receiving help, especially if they are getting more hours. They tend to need things just when the help is about to leave—thus causing the next client to be waiting. Many have never had their homes very clean and object to movement of furniture, etc. They are often in need of company and not help. Because of the mental condition of many aged, they naturally forget the Home Help is attending that day. On the spur of the moment they go out locking up the house. This is not only a wasted visit, but re-direction is needed.

The more you look into the conditions of Home Helps, the wages they receive for what they have to put up with, it is so easy to “throw up the sponge.”

Home Help Organisers in Blackburn both need Assistants so that more visiting and re-assessment of needs can be carried out more often. By the time an Organiser has dealt each week with new cases from such sources as Hospitals, General Practitioners, District Nurses, Health Visitors, relatives and neighbours—redirected home helps to urgent cases because staff are ill or have sickness amongst the family, and have not turned up for work, very little opportunity is left to do routine visits. The Organisers have had

to rely on their close contacts with the Health Visitors and District Nurses, for information on many of their clients—this of course has been greatly enhanced with the coming of Major Health Centres.

Marital problems are greatly on the increase, and it is distressing to find more mothers deserting their homes leaving father to cope with the children. Difficulty arises when the service is short of full-time workers. Every effort is made to bring love, security and stability into the home. I must say that some Home Helps excel themselves in these situations.

An ever-increasing need in this service is quite obvious, and although the following tables gives some idea of its growth, *i.e.*—

#### Cases on the Home Help Register

1963	..	837	1967	..	1,465
1964	..	931	1968	..	1,539
1965	..	1,126	1969	..	1,588
1966	..	1,276			

What about those proud people living on a shoe string ?

Those who to-day still reiterate “ I don’t want charity.” It is a known fact that the crying baby gets the most attention. How far can a service stretch ? Whilst helping to prevent illness amongst such a large number of reasonably fit aged, the chronic sick and much more needy must at times have less help than an Organiser would wish to devote to them.

The need for an army of voluntary workers in Blackburn alone is evident and I have spoken for many years now on integration. The value of schemes growing up overnight, with no idea of the Local Authority’s responsibilities and function will always be insignificant in value. It leads to nothing but frustration to the Social Worker, delay in assessing the problem and anxiety and insecurity to the client, whereas a voluntary worker, performing duties in close contact with the statutory field worker cannot fail to raise the standards of care.

In all these years, we have not been able to obtain Night Sitters-in and we can but hope that in the years to come we shall see once again charity and good neighbourliness, together with that feeling of responsibility towards older relatives as well as a duty to one’s parents, which was the backbone of a family in the past.

In the meantime, the search for women with tact, kindness, sympathy and adaptability goes on. Looking back to those 2,270 hours in 1946 against 1969 when Home Helps worked 130,215½ hours, there is a difference—but it does not make one complacent or satisfied in anyway with their achievements.

A famous man once said “ Give me the tools, etc.” I say, given the Home Helps and sufficient finances, Blackburn can have a Service second to none.

## SECTION 27. AMBULANCE SERVICE

Prior to 1948, there was no co-ordinated Ambulance Service, there being a number of disjointed agencies contriving the movement of patients from the point of need which might be home, factory or street to clinic, hospital, convalescent home, etc. These services were provided by police, fire services, factories, hospitals, voluntary associations like St. John and the Red Cross and were supported by contributions, factory pay deductions, local rates or direct payment per journey.

There was no approximate standard for vehicles or equipment and quite diversified training facilities for personnel and some areas were well served and others suffered from quite inadequate arrangements.

Two World Wars had provided opportunity for studying the precise needs of casualties requiring to be transported but very little of this expertise filtered through to civil practice and the hospital services seemed to opt out of involvement or the making of contributions until a few more forward looking units such as the Birmingham Accident Hospital Service carried out research and made recommendations.

In 1946, the National Health Service Act placed the duty firmly on Local Health Authorities of the Counties and County Boroughs to provide adequate and proper facilities for the movement of patients to treatment centres without charge. A few authorities contrived the service through arrangements with either the Local Authority Fire Service or St. John Ambulance Brigade but the majority established and maintained independent organisations and proceeded to upgrade by limited standardisation of vehicles and equipment and training of personnel.

The service suffered from the fact that the motor car industry did not find the small fleets of vehicle users sufficiently economically viable to invest large capital in the production of specialised chassis engines and components, and the commercial equivalents had many shortcomings even when adapted.

The training side was also frustrated by the fact that the Ambulance personnel come within the purview of the "Council for Manual Workers" hierarchy in relation to status and remuneration, and this did not particularly incorporate incentives to undergo any elaborate training. The most that was achieved generally was the qualification for the certificate of St. John in first aid of an elementary kind associated with some training in the use of resuscitation equipment.

In Blackburn, the Ambulance Service after "The Act" was split into two Operational units, one deployed from the Infectious Diseases Hospital at Park Lee and the other from a depot at Addison Street. The latter had the serious drawback that the vehicles stood out in all weathers on an open site, cheek by jowl with Cleansing vehicles and earth-moving equipment and the dust from an unpaved free standing. Bodywork degeneration was accelerated and it was impossible to maintain cleanliness. The control centre was a modified house of some antiquity with quite inadequate facilities and the policy of the Corporation has always been to deny the Ambulance Service the right to service or maintain its own vehicles, this being the only one of the three "Protective Services," *i.e.* Fire, Police, Ambulance, in this invidious position.

In 1962, a new purpose-built ambulance depot was opened with garaging for vehicles, a modern control unit and a staff room, with adjacent tea servery, and a phased replacement programme was agreed for ambulances and sitting case vehicles. The obsolescent resuscitation equipment was replaced by "Minuteman" and the Intercommunication system upgraded.



Parallel to the replacement programme for Ambulances is that for dual-purpose vehicles. Every year sees an increasing demand for sitting patients and whilst the revised ambulance interior has allowed us to make an impact on this problem, the ratio of ambulances to dual-purpose vehicles is also being adjusted to allow for the replacement of some ambulances by the smaller, less expensive dual-purpose vehicles.

The "Major Accident Organisation" procedure for dealing with Civil disaster involving a number of casualties was revised in conjunction with Police, Fire and Hospital in 1963.

In 1967, a hospital ambulance liaison officer was appointed as a joint enterprise by Blackburn Hospital Group, Blackburn County Borough and the No. 5 Division of the County and sited at the Casualty Department of Blackburn Royal Infirmary with oversight over the ambulance requirement by way of co-ordination for the Blackburn Royal Infirmary and Queen's Park Hospital. In June, 1968, the ambulance/hospital component of the Major Accident procedure was reviewed and a new handbook produced. The telecommunication system was again modified to bring into line with the new G.P.O. wave band requirements and was supplemented by personal communications equipment to be available for Field Officers deployed from Health Centres, in particular midwives, to permit them to talk back to the ambulance depot to request assistance, flying squad, etc.

In 1964, The Ministry of Health produced a handbook on "Out Patient Departments and the Ambulance Service."

In May, 1966, the Department produced a handbook on "Ambulance Service Radio Procedure."

In August, 1967, the Ministry of Health issued a report on the findings of "The Working Party on Ambulance Training and Equipment."

Certain Blackburn ambulances were already in the pipe line at this time which had been designed in conjunction with Messrs. Lomas & Co. and these vehicles approximate very closely in design and equipment to the working party's recommendations. It was decided to link up with the Lancashire County Training scheme being developed at Broughton as an experimental scheme within the Working Party schedule and to supplement this with local "in service" training in more advanced first-aid and driving and this has been organised with certain of the hospital consultants, the Road Safety Officer and Health Departmental Staff. Subsequently staff were also sent on the Cheshire County Councils' Course at Wrenbury.

As an incentive to training, encouragement has been given to teams of ambulance personnel to compete in local and regional competitions and various cups, shields and prizes are presented locally. The intention was to stimulate enterprise so that a selected team or teams can compete in the National Competition.

In 1969, the recommendations on standard training contained in the Wage and Productivity Award were accepted, and by the end of the year, 14 personnel had attended the Lancashire County Council West Lea School as required by the conditions of the Award, whilst one member attended the Ministry Course for Instructors at Wrenbury.

In 1964, in Blackburn the Welfare Services provided under the National Assistance Act, 1948, came within the duties of the Health Department and re-organisation of services for the aged and for the handicapped was commenced. Part of this re-organisation required the transport of physically or mentally handicapped persons to training centres or social clubs, and aged persons to day hostels or day hospitals and the distribution of incontinence



pads and collection of soiled pads or soiled laundry for either incineration or laundering respectively.

One ambulance and one coach were provided with a hydraulic ramp to enable wheel chairs to be coped with and a further coach was scheduled to be available in summer, 1968. Unfortunately, due to delivery problems, this coach had still not come into service at the end of 1969.

Although these are not Section 27 functions, the co-ordination of transport arrangements has been placed with the Chief Ambulance Officer to streamline the use of vehicles or personnel.

A garage to house the Welfare coaches, the Health Department vehicles (other than ambulances) and the dental mobile unit was designed in 1967 to occupy part of the disinfectant unit site with a separate access but this project was not proceeded with owing to the financial stringency. In 1968, the Minister of Health indicated his intention at the earliest convenience to detach the Section 27 Services from the Local Authority and place them with the hospital service but this also was not proceeded with pending the outcome of the Commission's deliberations on the Constitution and boundaries of Local Government.

As matters turned out, it was not the removal of the Section 27 Ambulance Service from Local Government that made it judicious to recommend the development of readily separable Welfare and Health vehicles but the ramifications of the Seebohm report and its consequential Local Government Social Services Act which contrived the separation of Welfare vehicles from the co-ordinated service. No doubt the removal of Section 27 will be contrived in due course in the "3rd Green Paper."

Meanwhile, the Local Health Authority continues to act as agent of the Lancashire County Council for the Blackburn Rural and part of Preston Rural District, in addition to cover of its own area.

The total acreage is over 22,000 of which 8,080 acres are contained within the Borough.

Standard equipment in all ambulances now include :—

2 Trolley Stretchers	1 Urinal Bottle
4 Carrying Poles	6 Blankets
2 Carrying Canvases	1 Minuteman Resuscitator
1 First Aid Box	1 Shone Cylinder
1 Bed Pan	1 set of 4 Air Splints
1 Water Flask	2 Fluorescent Safety Jackets
1 Carrying Chair	1 Hand Lamp
3 Hooks for Blood drips or Plasma	1 Emergency Key for Multi-storey Flats Lifts
1 Waterproof Sheet	1 Emergency Release Knife

# AMBULANCE SERVICE

Table 18

Ambulance Running during the year ended 31st March, 1969 :

1. Number of operational vehicles at 31st March, 1969 :								
(a) Ambulances 2/4 stretchers	..	..	..	..	..	..	..	9
(b) Dual-purpose vehicles, 1 stretcher	..	..	..	..	..	..	..	4
(c) Sitting-Case vehicles	..	..	..	..	..	..	..	2
								<hr/> 14
2. Total Mileage :								
(a) Ambulances 2/4 stretchers	..	..	..	..	..	..	..	145,935
(b) Other vehicles	..	..	..	..	..	..	..	67,520
								<hr/> 213,455
3. Number of Persons carried :								
(a) Accident or Emergency :								
Stretcher cases	..	..	..	..	..	..	..	2,438
Sitting cases	..	..	..	..	..	..	..	2,415
(b) Others :								
Stretcher cases	..	..	..	..	..	..	..	6,188
Sitting cases	..	..	..	..	..	..	..	54,068
(c) Others : Non-Section 27 cases	..	..	..	..	..	..	..	14,893
								<hr/> 80,002
4. Patients carried by Rail :								
(a) Number of Persons	..	..	..	..	..	..	..	19
(b) Mileage	..	..	..	..	..	..	..	1,756
5. Number of operational staff	..	..	..	..	..	..	..	38
6. Number of Ambulance Stations	..	..	..	..	..	..	..	1
7. Population of Service Area	..	..	..	..	..	..	..	112,450
8. Acreage of Service Area	..	..	..	..	..	..	..	22,080

## TYPES OF CASES CARRIED.

### Ambulance Service

Accidents : Works	..	..	..	..	..	..	..	219
Play	..	..	..	..	..	..	..	421
Home	..	..	..	..	..	..	..	540
Street	..	..	..	..	..	..	..	952
Mental Cases	..	..	..	..	..	..	..	15
Maternity	..	..	..	..	..	..	..	1,189
Collapse	..	..	..	..	..	..	..	1,517
Hospital to Hospital	..	..	..	..	..	..	..	2,321
Treatment	..	..	..	..	..	..	..	35,001
Convalescent	..	..	..	..	..	..	..	4,993
Hospital Admissions	..	..	..	..	..	..	..	3,911
Convalescent Homes	..	..	..	..	..	..	..	42
Infectious Diseases	..	..	..	..	..	..	..	135
House-to-House Transfer	..	..	..	..	..	..	..	295
Day Treatment	..	..	..	..	..	..	..	13,558

### Other Services

Occupation Centre	..	..	..	..	..	..	..	2,044
Welfare Services	..	..	..	..	..	..	..	11,329
School Health Service	..	..	..	..	..	..	..	70
Other Mental Health Services	..	..	..	..	..	..	..	882
Clinics and Centres	..	..	..	..	..	..	..	568

Not required or False Calls .. 80,002  
3,290

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83,292

# AMBULANCE SERVICE VEHICLE STATE 1969

Make and Type	Reg. No.	Mileage at 31/3/69	Date Purchased	Vehicle Distribution	
				1970/71	1971/72
AMBULANCES					
Bedford 1 ..	KCB52G	12,151	1968	Replace  Replace to Q.P.H.	Replace
„ 2 ..	LCB345	123,150	1962		
„ 3 ..	PBV88	158,384	1963		
„ 4 ..	KCB53G	10,147	1968		
„ 5 ..	PCB827	146,155	1963		
„ 6 ..	CBV853C	81,127	1965		
„ 7 ..	PCB828	139,195	1963		
„ 8 ..	PBV87	143,812	1963		
„ 9	LCB736	On permanent Loan			
„ 10 ..	GCB672E	30,824	1967		
DUAL PURPOSE					
Bedford 11 ..	PCB829	110,543	1963	New 1970 New 1970	Replace
„ 12 ..	CBV644C	76,656	1965		
„ 13 ..	PBV89	73,420	1963		
„ 14 ..	SCB124	115,185	1964		
Ford 15 ..	MCB232H		1969		
„ 16 ..	MCB233H		1969		
„ 17 ..	MCB234H		1969		
„ 18 ..	MCB235H		1969		
„ 19 ..					
„ 20 ..					
CAR					
Hillman 21 ..	SBV627	79,582	1963	Replace	
COACHES					
Morris 22 ..	ECB372D	41,507	1966		
Bedford 23 ..	MCB239H		1969		

# AMBULANCE CONTROL

TWO PRACTICES EACH OF  
3 G. P.s EXPECTED

## PARTNERSHIP OF 5 G. Ps. USING PERSONAL RADIOS

BENTHAM RD,  
HEALTH CENTRE

LITTLE HARWOOD  
HEALTH CENTRE

## SENIOR HEALTH STAFF ON PERSONAL RADIOS

MONTAGUE  
HEALTH CENTRE

LARKHILL  
HEALTH CENTRE

TOWN HALL

MIDWIVES,  
NURSES,  
(PERSONAL  
RADIOS)

MIDWIVES,  
NURSES,  
(PERSONAL  
RADIOS)

TRIAL USE OF  
PERSONAL  
RADIOS BY OTHER  
G.P.s. ON REQUEST

POLICE

HOSPITAL  
SERVICE

AMBULANCE  
CONTROL

**G. P. O.**

DIRECT LINES TO  
FOUR LOCAL HOSPITALS

MAXIMUM OF 13 AMBULANCES  
AT ANY ONE TIME

22 G. Ps. "ON CALL"  
DUTY ROTAS

- 17 V.H.F. RADIOS (AMBULANCES)  
18 U.H.F. RADIOS  
10 G.P. PRACTICES AT HEALTH CENTRES  
LINKED FOR TELEPHONE PURPOSES  
2 G.P. ON REGULAR PERSONAL RADIO  
(OTHER PRACTICES ON TRIAL OR OCCASIONAL USE)  
22 G.P. PRACTICES USE AMBULANCE  
STATION TO OPERATE ROTA SYSTEM

AFTER 10 A.M. DAILY, NOON ON SATURDAYS  
AND ALL DAY SUNDAYS, HEALTH CENTRE  
TELEPHONE INTERCEPTION TO AMBULANCE  
CONTROL, LITTLE HARWOOD EXCEPTED. BUT  
THIS PRACTICE IS COVERED BY RADIO

TELEPHONE  
LINK

RADIO



## MENTAL HEALTH

During the year, the Senior Mental Welfare Officer returned from the Younghusband Training Course for the Certificate in Social Work and a further Mental Welfare Officer commenced the Course in September. It is hoped this policy can be continued until all Welfare Officers are qualified in Social Work. As was envisaged, Mental Welfare Officers have become part of the Health Centre team. General Practitioners have gradually become more aware of them as Social Workers and are making more use of their services in preventive work ; similarly, through integration with other field workers, a more effective team work approach is given to many social problems resulting in a better understanding of other people's functions within the department. Thus, referrals have increased with a consequent increase in caseloads.

Voluntary Organisations associated with Mental Health and the support of the Health and Social Services and Town Hall Committees, continue to function well. Mental Welfare Officers are represented on various Committees, including the Mental Health Association, The Samaritans, The Peter Pan Social Club, and the Blackburn and District Society for Mentally Handicapped Children.

1. The Peter Pan Club for Mentally Handicapped persons functions smoothly twice weekly, whilst the premises are also used twice weekly for two classes for backward learners. Teachers are provided by the Education Department and has proved a very successful venture.
2. A Group of Samaritans took over the old Mental Health Offices at 4 King Street. They provide a confidential voluntary service for people who feel they may be contemplating suicide. The Senior Mental Welfare Officer sat on the Committee which helped form the group, and continues to act as an adviser. The Samaritans provide a needed service but tended at first to refer many of their problems to the Department. When it was realised that the General Practitioner should be brought into the picture, referrals to the Mental Health Service were reduced, mainly to genuine cases.
3. The Blackburn and District Society for Mentally Handicapped Children hold their meetings at Larkhill Health Centre. Since the Peter Pan Clubs came into being, this Society has not functioned as successfully through lack of parental support. The main object was to enlighten parents and raise funds for research into Mental Handicap. These days most of the monies raised tends to go in support of the Clubs.
4. The Mental Health Association also had a very quiet year due mainly to lack of volunteer members and frequent change in the main Committee members.

### Hostels

Bank House, the Female Hostel, remains full as it has since opening. The biggest problem in this Hostel continues to be that of staffing. As there is only a Matron/Cook and Deputy Matron/Cook, the number of hours put in, plus cooking duties, is more than should really be expected of two staff. This has shown itself over the years by the number of resignations. Once or twice the position has become desperate, relieved only by the Mental Welfare Officers to do the cooking and carry out overnight supervision. This is most unsatisfactory, so much so that if the hostel cannot be staffed more adequately, serious consideration should be given to closure as, in the

final analysis, it is the residents who suffer from this continual change. Three females were helped to rehabilitate themselves into the community, one into accommodation with another lady, and two into small houses provided by the Housing Department. The two latter had nothing to start with and much time and effort was put in by the Mental Welfare Officers to obtain bedding, furnishings, crockery, etc. to get them settled. At the present time, they are coping well and this gives a stimulus to all staff and makes the Hostel very worthwhile.

Mowbray Lodge Hostel has never experienced the staffing difficulties of Bank House, although the staff cover the same number of hours. The nature of the work could well account for this as neither the Superintendent nor Deputy Matron have cooking included as part of their duties.

There were no discharges to outside accommodation during the year but two residents were re-admitted to Subnormal Hospitals.

It is becoming apparent that present residents are likely to be very long-term unless satisfactory substitute families can be found who are willing to take the responsibility of giving a permanent home.

It is to be hoped that before long a number of flats attached to Hostels for the aged and handicapped could be allocated to some hostel residents with a permanent Mental Disorder, who are surely as badly handicapped as anyone. If some could be granted suitable sheltered accommodation (as opposed to providing them with a house anywhere), they could live a reasonably independent life.

A look should also be taken at the mixed functions of these hostels. At present, both are for long, medium and short-term stay, for those attending the Adult Training Centre or going out to full employment. Consideration should be given to making Bank House a mixed working-out Hostel and Mowbray for those long-stay persons attending the Adult Training Centre.

Two hostels of different types would allow Bank House to be geared to a more distinctive rehabilitative function and thus give to the residents more social training and responsibility, and with it, more independence.

## **Junior Training School**

The number of Trainees increased by eleven to fifty-four, so that for the first time the maximum number of places has been exceeded.

Overcrowding could become serious next year with a similar number of referrals, with the prospect of only three or four being old enough to transfer to the Adult Training Centre.

The promise of a school after modification from the Education Department did not materialise, with little or no prospect in 1970. Only by the formation of a new class of early 4- to 5-year olds and by the Senior Class taking over the dining/recreation room has it been possible to spread the load. Use of the dining room as a class, meant that other classes had to move around daily for Physical Education, Music, Dancing, etc.

A number of children entered a country-wide painting competition organised by the National Society for Mentally Handicapped Children. One was selected from the group of 20 finalists, receiving a book and cheque as her prize with a further cheque for the sale of the painting.

For the first time, information was given that the School would be transferred to the aegis of the Education Committee within the next two years. We are in the happy position of having seconded most of the present

staff for a Training Course and all staff are now qualified with the recognised Diploma for Teachers of the Mentally Handicapped.

One of the Nursery Nurses in the Special Care Unit has also been seconded to the Training Course in 1970.

Ten students from different colleges attended the Junior Training School for a month or more as part of their placement in the training course for an Advanced Teaching Diploma or for the Diploma for Teachers of the Mentally Handicapped.

### **Mowbray Lodge Adult Training Centre**

There was little change in the number of adults attending the Centre but at the same time there was considerable movement of trainees in and out.

The majority groups who went out to employment were the Mentally ill (8), the next being ex E.S.N. school boys (3). The biggest groups of these admitted were severely subnormal (6) and subnormal (6), most after discharge from Subnormal hospitals or on leaving the Junior training school. This altered the ratio of categories but still leaves 48% severely subnormal ; this will, of course, grow from year to year. For the past two years, the number of places provided has been exceeded and this may well persist in 1970 to the point when more selective admission will be necessary.

Negotiations with the Education Department have resulted in the promise of a Part-time Remedial teacher from September 1970. Through this teacher, it is hoped to continue the education of a number of the younger trainees in the three 'Rs' work, and other simple educational subjects.

Goods produced during the year included :

Incontinent Pads	Floor Mops
Polythene Bags, including	Wall Ties
Dress and Coat Bags	Chain Link Fencing
Scatter Cushions	Wooden Plant Boxes
Sheets, Towels, Pillowcases	Step Ladders
Face Cloths, Dusters	Stools
Wash Leather Mops	Litter Baskets
Nylon Pan Scrubs	Seed, Fruit & Vegetable boxes
Stools	Light Metalwork (Brackets, etc.)
Concrete: Walling, Slabs	Laundry: Local Authority
Edging	Hostels and some
Park Seat Ends	other Departmental
Clothes Posts	Sections

A number of Local Authorities are supplied with a variety of products, including Blackburn Corporation ; although it is felt that more could be done locally.

A number of local firms also patronise the Centre for standard products and the occasional 'special' item. I am most grateful for their interest, though accepting that prices must be competitive.



## Mental Welfare Officers

Workload during 1969 :

<i>WEST</i>			<i>EAST</i>		
<i>Mental Illness</i>	M.	F.		M.	F.
<i>Hospital and After Care</i>					
Mr. Broadley	109	175	Mr. Harrison	117	182
Mr. Baxter	122	215	Mrs. Knight	205	208
Mrs. Lawson	37	58			
	<hr/>	<hr/>		<hr/>	<hr/>
Total	268	448	Total	322	390
	<hr/>	<hr/>		<hr/>	<hr/>
<i>Subnormal and Severely Subnormal</i>					
Mr. Broadley			Mr. Harrison		
<i>a. Hospital</i>	16	18	<i>a. Hospital</i>	34	35
<i>b. Community</i>	20	36	<i>b. Community</i>	38	26
Mr. Baxter			Mrs. Knight		
<i>a. Hospital</i>	23	18	<i>a. Hospital</i>	33	20
<i>b. Community</i>	49	40	<i>b. Community</i>	43	36
Mrs. Lawson					
<i>a. Hospital</i>	2	8			
<i>b. Community</i>	10	9			
	<hr/>	<hr/>		<hr/>	<hr/>
Total	120	129	Total	148	117
	<hr/>	<hr/>		<hr/>	<hr/>
Grand Total	388	577	Grand Total	470	507
	<hr/>	<hr/>		<hr/>	<hr/>

Table 19

## Subnormal and Severely Subnormal Patients

		<i>Males</i>		<i>Females</i>		<i>Total</i>
Admissions to Hospital	Long term	13	..	12	..	25
	Short term	8	..	4	..	12
Number of patients known to be in						
Hospital 31st December, 1969		111	..	94	..	205
Visits to patients during 1969	..	585	..	492	..	1077
Reports and case notes prior to						
admission	.. ..	44	..	53	..	97
Office interviews	.. ..	91	..	86	..	177
Patients seen by Consult Psychiatrist						
Larkhill Health Centre	..	24	..	30	..	54
Number of patients awaiting						
admission to Hospital	.. ..	4	..	1	..	5



**Table 20**

**Mentally Ill Patients**

				<i>Males</i>		<i>Females</i>		<i>Total</i>
Admissions to Hospital	Informal ..			68	..	107	..	175
	Sect. 25 ..			9	..	9	..	18
	„ 26			2	..	—	..	2
	„ 29			6	..	25	..	31
	„ 60			1	..	—	..	1
Cases visited but not admitted to								
Hospital	..	..	..	47	..	63	..	110
Reports and case notes prior to								
admission	..	..	..	368	..	553	..	921
Visits—Aftercare	..	..	..	1304	..	2211	..	3515
Office interviews	..	..	..	173	..	197	..	370
Attendances Queens Park								
Psychiatric Unit	..	..						5833
Psychiatric Industrial Workshop								1420
Attendances by Mental Welfare Officers at—								
Hospital Psychiatric Clinics	..	..	..	..	..			50
Case Paper Conferences	..	..	..	..	..			226
Hospital for Ward round	..	..	..	..	..			97
Psychiatric Social Clubs	..	..	..	..	..			122
Peter Pan Social Club	..	..	..	..	..			30

**Table 21**

**Junior Training Centre**

		Special Care Unit					Junior Training Centre				
<i>Ages</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>			
2— 5 years	..	5	..	2	..	7	2	..	2	..	4
5— 7 „	..	2	..	2	..	4	8	..	4	..	12
8—11 „	..	—	..	2	..	2	10	..	3	..	13
12—15 „	..	—	..	—	..	—	5	..	9	..	14
		<hr/>					<hr/>				
		7	..	6	..	13	25	..	18	..	43

**Mowbray Lodge Adult Training Centre**

The Adult Training Centre was opened in April, 1965, and has provided a useful community service for the Mentally Disordered.

					<i>Male</i>	<i>Female</i>	<i>Total</i>		
The number of Trainees attending at	31/12/69				46	..	26	..	72
“ “ “ “ “	31/12/68				46	..	27	..	73

The present number of trainees classified as percentages is as follows:—

Severely Subnormal..	..	48%
Subnormal	..	9%
E.S.N. School Leavers	..	19%
Mentally Ill	..	24%

During 1969 a total of 22 people left the Centre as follows:—

To full employment	..	..	..	12
To Hospital care—subnormal	..	..	..	6
To Hospital—mental illness	..	..	..	1
Left Town	..	..	..	1
Temporary	..	..	..	2
Died	..	..	..	1

#### **Mowbray Lodge Hostel (Males)**

	1968		1969
Number of Residents 31st December	20	..	19
Number admitted for Short term care	5	..	5

#### **Bank House Hostel (Females)**

Number of Residents 31st December	12	..	12
Number admitted for Short term care	2	..	1

# MENTAL HEALTH SERVICE - DEPARTMENT OF HEALTH STATISTICAL RETURN

Number of persons under Local Health Authority care at 31st December, 1969 : **Table 22**

	Mentally III						Elderly mentally infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under age 16		16 and over				16 and over		Under age 16		16 and over		Under age 16		16 and over						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)			
1 Total number .. .. .	3	9	130	161	37	69	-	-	8	1	3	2	41	50	34	23	67	53	691		
2 Attending training centre .. .. .	-	-	4	6	-	-	-	-	-	-	-	-	5	5	33	23	29	10	115		
3 Awaiting entry to training centre .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
4 Receiving home training .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
5 Awaiting home training .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
6 Resident in L.A. home/hostel .. .. .	-	-	7	9	-	-	-	-	-	-	-	-	3	2	-	-	9	1	31		
7 Awaiting residence in L.A. home/hostel .. .. .	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	4		
8 Resident at L.A. expense in other homes/hostels .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1		
9 Resident at L.A. expense by boarding out in private household .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
10 Attending day hospitals .. .. .	-	-	7	8	6	18	-	-	-	-	-	-	-	-	-	-	-	-	39		
11 Receiving home visits and not included in lines 2-10	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	1	2	6		
(a) suitable to attend a training centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
(b) others	3	9	111	137	31	49	-	-	8	1	3	2	33	41	-	-	28	39	495		

**Table 23**

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Gross
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	(1-16)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
6. Patients referred to L.H.A. during year ended 31.12.69 :																	
(a) General Practitioners.....	1	3	48	73	..	..	4	..	..	1	..	2	..	..	2	1	135
(b) Hospitals, on discharge from in-patient treatment...	..	1	38	54	..	..	5	1	..	..	8	2	..	2	4	4	119
(c) Hospitals, after or during out-patient or day treatment	..	4	27	39	..	..	..	..	..	1	2	2	..	..	..	..	75
(d) Local education authorities	..	..	..	..	..	..	..	..	2	1	5	3	7	5	1	..	24
(e) Police and courts.....	1	2	23	21	..	..	..	..	2	2	2	..	..	..	..	2	55
(f) Other sources.....	1	2	55	67	..	..	2	1	2	1	2	1	6	1	2	2	145
(g) TOTALS .....	3	12	191	254	..	..	11	2	6	6	19	10	13	8	9	9	553



**Number of patients awaiting entry to hospital,  
admitted for temporary residential care or admitted to  
guardianship during 1969 :**

**Table 24**

	SUBNORMAL SEVERELY SUBNORMAL MENTALLY ILL				Total
	Under age 16		16 and over		
	M	F	M	F	
1. Number of persons in L.H.A. area on waiting list for ad- mission to hospital at end of year :					
(a) In urgent need of hospital care .. ..	1	—	—	—	1
(b) Not in urgent need of hospital care .. ..	1	1	2	—	4
(c) Total .. .. .	2	1	2	—	5
2. Number of admissions for temporary residential care ( <i>e.g.</i> to relieve the family) :					
(a) To N.H.S. hospitals ..	5	2	3	2	12
(b) To L.A. residential accommodation .. ..	—	—	5	—	5
(c) Elsewhere .. .. .	—	—	—	—	—
(d) Total .. .. .	5	2	8	2	17
3. (a) Admissions to guardian- ship during the year ..	—	—	—	—	—
(b) Total number under guardianship at end of year .. .. .	—	—	—	—	—

### Table 25

DETAILS OF PREMISES PROVIDED FOR THE MENTALLY  
DISORDERED AS AT 31st DECEMBER, 1969

Age Group provided for	Mental Category provided for	Day Training Centres			Residential Training Centres		Homes or Hostels	
		Places						
		No.	Junr.	Adult	No.	Places	No.	Places
1. Under 16	(a) Mentally Ill ..	..	..	..	..	..	..	..
	(b) Mentally Subnormal ..	1	53	..	..	..	..	..
2. 16 and over	(a) Mentally Ill ..	1	..	70	..	..	2	34
	(b) Mentally Subnormal							
3. Juniors and Adults	(a) Mentally Ill ..	..	..	..	..	..	..	..
	(b) Mentally Subnormal ..	..	..	..	..	..	..	..
4.	TOTAL ..	2	53	70	..	..	2	34

- |   |  |                             |
|---|--|-----------------------------|
| 5. Special Units providing for groups such as the severely subnormal with gross physical handicaps or gross behaviour difficulties. | Units functioning as Group within Day Training Centres | (a) Number of Units..... 1  |
|   |  | (b) Number of Places.....12 |
| 6. Places made available to this Authority by other Authorities or Organisations .... 1   |  |                             |

## SECTION 21. HEALTH CENTRES

**In the United States** the urbanised sprawl of its larger cities necessitated decentralization of the administration of its health services, and "Health Centres" became established to meet this need and not to further any aspirations of organised medicine. In 1930 a committee on medical services met at the White House to discuss the 1500 major and minor centres already established.

**In Europe** in 1939 The League of Nations Health Bulletin dealt with "Medico-Social Policy in Europe" and it was quite apparent that the prevailing concept of Health Centres was really that of Polyclinics.

**In Britain** one of the early references to Health Centres came in the Interim Report of Lord Dawson's Committee—"Interim Report on the Future Provision of Medical and Allied Services," Ministry of Health, 1920.

This was followed by the report of the "Medical Planning Commission," B.M.A. 1942, which was more in harmony with and the inspiration for the ultimate National Health Service Act, Section 21, Health Centre.

The development of the Pioneer Health Centre at Peckham was independent of national trends, being a social centre for the observation and cultivation of the family as the basic unit of society.

Local Health Authorities had for many years provided and staffed clinics for certain limited purposes, namely, tuberculosis, venereal diseases, infant welfare, midwifery, school health, but the National Health Service Act of 1946 required them to think in terms of multi-purpose clinics where the preventive services could be linked with the Part IV general medical practitioner service. These proposals posed many problems of organisation and co-ordination between two philosophically and functionally distinct parts of the profession; the first, the 'curative' or Part IV services with a life history at least as long as Christian time, the other, the 'preventive' or Part III services, barely through its first centenary.

It is all the more surprising, therefore, to find that when the respective councils of the representative bodies, the British Medical Association and the Society of Medical Officers of Health, reported on their deliberations on Health Centres in 1947, there was such measure of agreement and harmony.

There emerged several schools of thought about the needs of the general practitioner in a Health Centre but probably the most acceptable was that work from such a centre should increase his usefulness by sparing him non-medical tasks and by promoting more co-operation with his fellow practitioners and other health workers, and that the provision of aids to diagnosis should be considered.

The advantages of Health Centres to patients, doctors and the service in general are well recognised and some are enumerated below :

### TO DOCTORS

- (1) Purpose-designed premises can provide the amenities appropriate to modern practice.
- (2) Doctors working in association can enjoy the facilities available in the way of nursing, clerical and administrative staff as well as immediate contact with and deployment of district nurses, midwives, home helps, to meet their community medico-social requirements.

- (3) Considerable relief from the daily practice demands made upon the doctor's family.
- (4) Freedom to arrange the home as a unit separate from any considerations about surgery accommodation or siting.
- (5) Freedom to organise 'off duty' and holiday rotas in the group, so ensuring adequate time for leisure, holiday and study.
- (6) Opportunity for clinical discussion and intellectual stimulation through working in collaboration with colleagues.

#### TO PATIENTS

- (1) The advantages of receiving medical care in bright, cheerful, well-heated premises with separate examination rooms to ensure privacy.
- (2) The benefit of having nurses to apply dressings, give injections, etc., as prescribed by the doctors both in the centre and followed through to the home where necessary.
- (3) The undoubted value of having maternity care, child welfare and general medical care all from the same doctors at the same clinic in association with the appropriate ancillary workers.
- (4) The benefit from consultation between doctors in the centre and visiting consultants.

#### WHAT OF DISADVANTAGES?

These are for the most part the product of faulty design, poor planning, inadequate consultation between interested parties and bad faith. There are very few defects inherent in the health centre proposition itself so long as freedom of choice is written into the constitution, so long as the professional workers in the centre have the maximum autonomy through a staff committee to organise day to day conduct of affairs, and there is some security of tenure and contractual guarantees.

---

1. The duty of the Local Health Authority under Section 21 of the Act is to provide, equip, maintain and staff, to the satisfaction of the Minister, Health Centres giving facilities for all or any of the following—

- (a) general medical services
- (b) general dental services
- (c) pharmaceutical services
- (d) Part III services
- (e) hospital out-patient services
- (f) health education

2. Section 46 provides that where a health centre provides facilities for general medical, general dental or pharmaceutical services, it shall be made available for those services on such terms as may be agreed between the Executive Council and the Local Health Authority, or, in default of agreement, as may be determined by the Minister. Section 46 further provides that the Executive Council may charge medical or dental practitioners using the centre such sums as the Council think sufficient to meet the payment due to the Local Health Authority and that the Council may recover these charges from the practitioners.



3. The general principles governing the provision of services from Health Centres are as follows—

#### EXTENT OF LOCAL HEALTH AUTHORITY'S DUTY

4. *Premises.* The duty to provide a Centre may be discharged, with the Minister's approval, either by building or buying premises, or by renting them

*Equipment.* Health Centres must be equipped to the satisfaction of the Minister. The duty includes the provision and installation of all fixed equipment. Other equipment, including consumable stores, naturally depends upon the services provided from the Centre. The Local Health Authority is responsible for providing, in addition to fixed equipment, all instruments, appliances and consumable stores required for such of their Part III services, *e.g.* maternity and child welfare, as may be provided from the Centre under paragraph 2(d) above. If general medical services are provided, as they are from most Health Centres, the equipment includes all that normally to be found in a doctor's consulting rooms, and all items which he is required or permitted to supply to the patient under his terms of service with the Executive Council.

This includes—

- (a) any drugs and appliances, required immediately before a supply can be obtained otherwise
- (b) drugs administered by the practitioner in person

The cost of drugs and appliances supplied for doctors is covered by the charges to be made to the doctor for the accommodation. ('Appliances' means appliances specified in Part I of the Third Schedule to National Health Service (General Medical and Pharmaceutical Service) Regulations, 1948). See paragraph 6(ii).

If hospital clinic or out-patient (*i.e.* Part II) services are provided in the Centre by arrangements with a Regional Hospital Board, it is for the Local Health Authority to provide any office or other furniture required. The appropriate Hospital Management Committee will take responsibility for the provision of hospital equipment, drugs and dressings, either directly or through the local health authority on agreed terms.

5. *Staffing.* The Local Health authority are precluded by the proviso to Section 21 (2) of the Act from employing medical or dental practitioners at Health Centres for the purposes of providing general medical or dental services. They do, of course, continue to employ such practitioners for Part III services provided from Health Centres. The Regional Hospital Board or Hospital Management Committee takes responsibility for the appointment of all medical, dental, medical auxiliary, nursing and hospital records staff working at the centre for the purpose of providing Part II services. This may, when convenient, be done by arranging with the Local Health Authority for the use of local health authority staff on agreed terms. The Authority is responsible for directly employing all other staff required at the Centre.

#### FINANCE

6. It was made clear during the discussion on the Bill for the Act of 1946, both before and after its introduction in Parliament—

- (i) that apart from the payment made by the Executive Council under Section 46 for facilities for general medical and dental, and pharmaceutical services under Part IV, the whole cost of providing, equipping, maintaining and staffing a Health Centre would fall on the Local Health Authority—subject always to grant-aid from the Exchequer under Section 53 of the Act as amended by Section 7 of the Local Government Act, 1948:

The Minister was, however, prepared to agree that the Local Health Authority may recover from the appropriate Hospital Management Committee charges by way of rent for premises used for the provision of Part II services and charges for the use of equipment and the services of staff provided or employed by them to the extent that they are for the purposes of Part II services. These charges should be agreed, under Section 63 of the Act, between the Local Health Authority, and the Regional Hospital Board, not the Hospital Management Committee.

- (ii) that so far as general medical services are concerned, the recoveries made from doctors and passed to the Authority under Section 46 would not necessarily represent the full economic cost of the facilities provided for the doctors at the Centre, but a reasonable charge.

The Minister considered that the charge to be made to general practitioners should be a reasonable computation of what it would cost the doctors to provide facilities for practice from their own surgeries in the neighbourhood of the Centre. Doctors' remuneration includes appropriate allowances for drugs and appliances supplied under paragraph 5, and in assessing the charge to be made for the use of the Centre account would be taken of the fact that these items would be provided by the Authority. The difference, if any, between the cost to the Local Health Authority of providing facilities for general medical services and the payment received from the Executive Council will rank for Exchequer grant.

This computation is made by the Executive Council in consultation with the Local Medical Committee and the Local Health Authority. The agreement between the Local Health Authority and the Executive Council provides for continuous payment of the agreed sum by the Executive Council irrespective of whether the accommodation is continuously occupied by doctors, subject of course to the right of either party on due notice to reopen the terms of the agreement. The Executive Council always endeavours to make full use of the facilities provided for general medical services at the Centre.

7. It will probably be helpful to all concerned if the Minister is consulted on proposed agreements between Local Health Authorities and Executive Councils until some code of practice has been evolved by experience.

8. There is a general expectation that Health Centres will prove a key feature of the general reconstruction of the country's health services, which the Act effects. The justification for imposing the duty of providing, maintaining, equipping and staffing them on the Local Health Authorities and the residual cost on the rates—subject to grant-aid from the Exchequer is that they will enure to the general benefit of the ratepayers.

Locally, 1969 was the first full year when three Health Centres—Larkhill, Montague and Little Harwood, were operative. During the year, a fourth centre, Bentham Road, was completed but had not become operational by the end of December.

Details of the buildings and their functions of the first three Centres were given in my Report for 1968. Bentham Road is similar to Little Harwood, with slight layout modifications to improve the Reception and Waiting Areas. Alterations are proposed for Little Harwood in 1970 to make for similar improved facilities.

During 1970, it is also expected that two general practices will commence at Bentham Road.

The use of U.H.F. Radio by Midwives and Administrative Staff gave opportunity to test their usefulness in General Practice. Three or four practices tried them out and at the end of the year, two were in regular use.

At the end of the year, Centres were being used by General Practitioners as follows—

Larkhill	3 practices (3 GPs)	19 surgeries per week.
Montague	5 practices (6 GPs)	53 surgeries per week.
Little Harwood	1 practice (5 GPs)	37 surgeries per week.

12,797 treatments were carried out by the nursing staff, as follows—

Larkhill	..	1,898
Montague	..	4,659
Little Harwood	..	6,240

Reports on Local Authority Services at the Major Health Centres are given below—

#### LARKHILL

“ This year a pilot scheme was introduced for selective medical inspections at 11 years with full implementation in the school year 1969-70. It is hoped thereby to achieve a greater ‘Productivity’ in terms of detection, referral and treatment of various defects and also their follow-up.

The medical inspection at school entrance, linked with Child Health and Health Visitor information, continues to provide a general basis for School Health. Similarly the school-leaving medical inspection completes the programme with projection of the requisite information to the Youth Employment Service.

During 1969, immunisation in the Child Health Clinics was re-arranged on sessional instead of a monthly basis. It is hoped that this will allow greater flexibility in adjusting the programme when children are unable to attend through illness and may assist in achieving a higher level of immunity in the infant population.

The Cytology Clinics have now been in progress for over three years, and the first attenders are returning for repeat smears. Screening for breast cancer is also carried out at these clinics. Minor infections and polypi account for most of the abnormalities found to date.

The demand for the Ante-Natal Clinics has a seasonal variation, but continues fairly steady. Good liaison is maintained with the Maternity Homes, where most patients are confined, and also with Queen’s Park Hospital. The patients benefit from easy access to Dental Clinics and Mothercraft and Relaxation Classes. Many of them also attend for Post-Natal checks.”

B. L. SEPHTON, Medical Officer.



## MONTAGUE

“ The year 1969 saw the completion of the first twelve months activity in the Centre and could well be classified as a ‘settling down’ period when all the services became fully orientated within their new environment.

All sections were finally housed in the Health Centre at the beginning of March, when the District Nurses and Midwives vacated their old premises in St. Peter Street. A further link in the chain was completed during the year with the building of Bentham Road Satellite Health Centre covering the Mill Hill area and which will provide facilities for two General Practitioner surgeries incorporating six doctors.

The School Health Service continued as before. Figures show that during 1969 a total of 2,380 children were medically examined in the West Division with a further 279 being found not to warrant an examination. During the previous year, 1,374 were examined—over a thousand below the 1969 figures.

Following the appointment of Dr. P. A. Gardner as Deputy Medical Officer of Health in September, some revision was made to certain aspects of the Local Authority Services. In particular, steps were taken to ensure that selective medical examination of Junior School Leavers’ were carried out and that pre-school children were effectively screened. The ‘At Risk’ Register was brought completely up-to-date and all children suffering from any handicapping conditions were able to be assessed at an early date by one of the Medical Officers in the Department.

In retrospect, 1969 can be regarded with no small degree of satisfaction in seeing the fulfilment of the policies adopted by our Health and Social Services Committee.”

S. N. JOSEPH, Medical Officer.



MISCELLANEOUS STATISTICS

Superannuation Examinations

Number of questionnaires	..	..	..	..	304
Number of Superannuation Examinations	..	..	..	..	65
Number of Training College Candidate and					
Temporary Teacher Examinations	..	..	..	..	129

Burials and Cremations

CREMATIONS

The Medical Officer of Health and Deputy Medical Officer of Health are the medical referees for the authorising of cremations under the Cremation Acts.

During 1969, 1301, cremations were authorised (830 Borough, 471 out of Borough).

BURIALS

During the year, arrangements for burial were made in four, and for cremation in eight cases at a total cost of £304. Of this expenditure £249 was recovered.

Recuperative Rest

Number of cases	..	..	..	10 Adults and 11 Children
Gross Cost to Authority	..	..	..	£151 2 0
Nett Cost to Authority	..	..	..	£125 11 0

Meals provided for Old Persons

(i) Meals on Wheels

			Health Department		W.V.S.
On Books at beginning of year	..	..	96	..	65
New Cases	..	..	86	..	28
Cases ceased	..	..	85	..	25
Number of cases supplied	..	..	182	..	93
Number of meals supplied	..	..	11,189	..	7,448
On Books at end of year	..	..	97	..	68

(ii) At Hostels for Non-Residents

	Burnside	Laneside	Shadsworth	Feniscliffe	West Bank
On Books at beginning of year	19	.. 7	.. 4	.. —	.. —
New Cases	.. 1	.. —	.. —	.. —	.. —
Cases Ceased	.. —	.. 2	.. 1	.. —	.. —
Number of Cases supplied	20	.. 5	.. 3	.. —	.. —
Number of Meals supplied	4900	..2445	..1460	.. —	.. —
On Books at end of year	.. 20	.. 5	.. 3	.. —	.. —

## Chiropody

Mrs. Sayle (*nee* Raynerd) joined the staff in February and this enabled a start to be made on foot health education in schools.

During the year, inspections in three schools were carried out, involving 410 schoolchildren. Of these, 237 required treatment and 114 help from the Physiotherapy Department. A lecture on foot health was given in one school.

A survey was also carried out on children attending the Clinic. This was taken over a two-month period, the majority of the children involved being referred with verrucae. Of 118 boys and girls seen, only eight children could be given a clean bill of health. The main factor for concern is the kind of footwear which children are permitted to wear.

However, unless parents can be made to appreciate the underlying causes of foot defects, it is a problem likely to be perpetuated.

One Health Education Display during the year resulted in a good deal of parental interest. Whether such isolated 'advertising campaigns' have a permanent effect on those involved is hard to say. Certainly, they touch only a fringe of the population and the basic problem remains.

### LOCAL AUTHORITY CHIROPODY SERVICE

		Clinics	Hostels	Domi- ciliary	Totals
No. of Patients	Aged .. ..	72	535	63	670
	Handicapped ..	110	14	48	172
	Expectant Mothers	23	—	—	23
	School Children ..	675	2	—	677
	Pre-School Children	13	2	—	15
	Others .. ..	12	1	—	13
	Total ..	905	554	111	1570
No. of Treatments	Aged .. ..	348	2617	292	3257
	Handicapped ..	482	29	270	781
	Expectant Mothers	75	—	—	75
	School Children ..	2707	4	2	2711
	Pre-School Children	27	2	—	29
	Others .. ..	55	5	—	60
	Total ..	3694	2657	562	6913

Includes 60 patients given 1128 treatments by two Private Chiropodists working on a sessional basis

## Registration of Homes

### NURSING HOMES

Two Homes are registered under the Nursing Homes Act, 1963 :

		Beds Provided	
		Maternity	Other
"Our Lady of Compassion," Beardwood	.. ..	12	22
"Rockmount," Adelaide Terrace	.. ..	—	11

## Subscriptions

The following subscriptions to organisations were approved by the Council during 1969.

	£	s.	d.
Association of North West Welfare Authorities.. ..	5	5	0
Methodist Local Preachers Mutual Aid Society.. ..	2	2	0
Central Council for Health Education .. ..	156	2	7
National Association for Mental Health .. ..	25	0	0
Chest and Heart Association .. ..	10	10	0
Blackburn, Accrington and Darwen Moral Welfare Association	600	0	0
Grange Mother and Baby Home .. ..	50	0	0
North Regional Association for the Blind.. ..	57	9	6
National Library for the Blind .. ..	91	7	0
Blackburn & Darwen Visiting Society for the Blind .. ..	150	0	0
National Association of Workshops for the Blind .. ..	21	19	0
(North Western Area)	5	0	0
East Lancashire Deaf and Dumb Society .. ..	3200	0	0
Catholic Moral Welfare Council (Salford Diocese) .. ..	50	0	0
Royal Society of Health .. ..	10	10	0
Blackburn Chamber of Trade .. ..	2	2	0
National Society for Children's Nurseries .. ..	3	3	0
Noise Abatement Society .. ..	5	5	0
National Society for Clean Air .. ..	26	5	0
Central Council for the Disabled .. ..	5	5	0

Grants totalling £800 were received from the Blackburn and District Joint Finance Committee for the Blind towards the cost of providing employment for blind persons.

## Contributions

The following grants were made during 1968 under Sections 26(6) and 31 of the National Assistance Act and Section 1 of the Amendment Act 1962, which empowers a local authority to make contributions to any voluntary organisation whose activities consist of or include the provision of accommodation and recreation or meals for old people.

	£	s.	d.
Queen's Hall "Over 60" Club .. ..	10	0	0
Salvation Army "Over 60" Club .. ..	20	0	0
Old Age Pensioners' Association, Clayton Street .. ..	10	0	0
Old Age Pensioners' Association, St. Andrew's Street .. ..	10	0	0
Blackburn Old People's Welfare Committee (Liverpool House)	75	0	0
The Autumn Club, Oxford Street.. ..	10	0	0
Roe Lee Park Veteran Bowlers Association .. ..	10	0	0
Guide Old Age Pensioners Club .. ..	10	0	0
Catholic Women's League Over 60's Club .. ..	10	0	0
Lees Hall Over 60's Ladies .. ..	10	0	0
Holy Trinity Pensioners .. ..	5	0	0
St. Gabriel's Over 60's Club .. ..	5	0	0
Audley Friendship Club .. ..	5	0	0
Queens Park Veterans .. ..	10	0	0
W.R.V.S., St. Andrew's Street Luncheon Club.. ..	40	0	0
Senior Citizens Club, Regency Hall, Northgate.. ..	5	0	0





## **VITAL STATISTICS**

## VITAL STATISTICS

Area (in Acres)	..	..	..	..	..	..	8,080
Population (Census 1961)	..	..	..	..	..	..	106,242
„ (Estimated middle of 1969)	..	..	..	..	..	..	100,010
Rateable Value	..	..	..	..	..	..	£3,541,640
Sum Represented by a Penny Rate	..	..	..	..	..	..	£13,650
Rate in the £ (excluding Water), 1968/1969							15/9 (Domestic) 16/7 (Commercial)

### EXPENDITURE ON HEALTH AND WELFARE SERVICES TO 31.3.69.

	Expenditure £	Income £	Nett expenditure £
Health Services—			
1946 Act Account	.. 457,566	.. 60,466	.. 397,100
General Account	.. 79,775	.. 2,477	.. 77,298
Welfare of Aged	.. 273,901	.. 86,976	.. 186,925
Welfare of Blind and Handicapped	.. 18,040	.. 1,688	.. 16,352
Workshops for Blind (nett)	.. 11,698	.. —	.. 11,698

### LIVE BIRTHS :

Legitimate	.. 1,643	Males	.. 945	Birth Rate	18.4
Illegitimate	.. 199	Females	.. 897	(England & Wales 16.3)	
Total	.. 1,842				

### STILLBIRTHS :

Total	.. .. 36	Rate per 1,000 total births and still births	19.00
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### PERI-NATAL MORTALITY :

Total	.. .. 61	Rate per 1,000 total births and still births	32.00
(i.e. Stillbirths and Deaths under one week).		Comparison with previous years :	1968—28.75 1967—25.45 1966—32.17 1965—28.79 1964—41.89

### INFANT MORTALITY :

(i.e. Deaths under one year of age.)	Legitimate	.. 53	Rate per 1,000 live births	Legitimate	32.00
	Illegitimate	7		Illegitimate	35.00
	Total	60		All	.. .. 33.00

**MATERNAL MORTALITY :**

From Sepsis .. Nil.	Rate per 1,000 live and .. 0.00
Other Causes .. Nil.	still births

**DEATHS :**

Males .. .. 803	Death Rate .. .. 16.5
Females.. .. 849	(England and Wales) 11.9
<hr/> 1,652 <hr/>	

Percentage of deaths occurring in Institutions.. .. 51.0

**Causes of Death, 1969 :**

During 1969 the chief causes of death were :

	<i>No. of Deaths</i>	<i>Rate per 1,000 population</i>
Ischaemic Heart Disease .. .. .	432	4.32
Circulatory diseases .. .. .	231	2.31
Malignant Neoplasms .. .. .	284	2.84
Other diseases of the Respiratory System—Non-T.B. .. .. .	36	0.36
Cerebro-vascular disease .. .. .	160	1.60
Pneumonia .. .. .	193	1.93
Bronchitis and Emphysema .. .. .	111	1.11
Congenital Anomalies .. .. .	12	0.12

Other Diseases of bodily systems, and group diseases to which death was assigned :

	<i>No. of Deaths</i>	<i>Rate per 1,000 population</i>
Peptic Ulcer .. .. .	11	0.11
Renal System .. .. .	11	0.11
Enteritis and other diarrhoea diseases (under 2 years) .. .. .	4	0.04
T.B.—all forms .. .. .	4	0.04
Infectious and infective diseases .. .. .	—	0.00

# CAUSES OF DEATH OF BLACKBURN RESIDENTS

during different periods of life, 1969

CAUSES OF DEATH	Sex	Total all Ages	U'nder 4 weeks	and under 1 year	AGE IN YEARS									75 %
					1—	5—	15—	25—	35—	45—	55—	65—		
1. Enteritis and other Diarrhoeal Diseases ..	M F	.. 4	.. ..	.. 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	
2. Tuberculosis of Respiratory System ..	M F	3 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	1 ..	.. ..	.. ..	
3. Other Tuberculosis, incl. Late Effects ....	M F	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	
4. Syphilis and its Sequelae .....	M F	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	
5. Malignant Neoplasm, Buccal Cavity, etc. ..	M F	4 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 2	.. ..	1 1	1 ..	1 ..	
6. Malignant Neoplasm, Oesophagus .....	M F	1 4	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. 3	1 3	
7. Malignant Neoplasm, Stomach .....	M F	24 22	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1 2	5 2	12 5	6 12	6 12	
8. Malignant Neoplasm, Intestine .....	M F	20 26	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	1 2	6 8	5 8	7 6	7 6	
9. Malignant Neoplasm, Larynx .....	M F	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. 1	.. ..	.. ..	
10. Malignant Neoplasm, Lung, Bronchus.....	M F	69 11	.. ..	.. ..	.. ..	.. ..	1 ..	2 2	3 1	20 2	30 4	13 2	13 2	
11. Malignant Neoplasm, Breast .....	M F	.. 26	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	7 ..	4 ..	5 ..	9 ..	9 ..	
12. Malig. Neoplasm, Uterus	F	6	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	4 ..	1 ..	1 ..	
13. Malig. Neoplasm, Prostate	M	7	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	4 ..	4 ..	
14. Leukaemia .....	M F	.. 3	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	1 ..	1 ..	1 ..	
15. Other Malignant Neoplasms .....	M F	25 33	.. ..	.. ..	.. ..	.. ..	1 1	1 1	6 1	8 8	4 9	5 13	5 13	
16. Benign and Unspecified Neoplasms .....	M F	1 1	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	
17. Diabetes Mellitus .....	M F	3 7	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	2 1	1 2	.. 3	.. 3	
18. Other Endocrine, etc. Diseases .....	M F	2 5	.. 1	.. ..	.. ..	1 ..	.. ..	1 ..	.. ..	.. ..	.. 3	.. 1	.. 1	
19. Anaemias .....	M F	.. 3	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 ..	.. ..	.. ..	
20. Mental Disorders .....	M F	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	
21. Other Diseases of Nervous System, etc.	M F	4 4	.. ..	.. ..	1 ..	1 ..	.. ..	.. ..	.. ..	.. ..	1 2	1 2	1 2	
22. Chronic Rheumatic Heart Disease.....	M F	8 10	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	2 4	2 3	3 2	3 2	
23. Hypertensive Disease ..	M F	14 12	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. 1	2 ..	8 5	4 5	4 5	
24. Ischaemic Heart Disease	M F	225 207	.. ..	.. ..	.. ..	.. ..	.. ..	6 ..	20 7	51 29	79 54	69 117	69 117	
25. Other Forms of Heart Disease.....	M F	50 69	.. ..	1 ..	.. ..	.. ..	.. 1	.. 1	1 1	9 2	10 14	30 49	30 49	



# CAUSES OF DEATHS OF BLACKBURN RESIDENTS (continued)

CAUSES OF DEATH	Sex	Total all Ages	U'der 4 weeks	and under 1 year	AGE IN YEARS								
					1—	5—	15—	25—	35—	45—	55—	65—	75 %
26. Cerebrovascular Disease .....	M	57	..	..	..	..	..	..	1	2	14	24	16
	F	103	..	..	..	1	..	1	..	5	7	28	61
27. Other Diseases of Circulatory System ..	M	29	..	..	..	..	..	..	..	1	8	8	12
	F	39	..	..	..	..	..	..	1	2	2	6	28
28. Influenza .....	M	4	..	1	..	..	1	..	..	..	1	1	..
	F	3	..	1	..	..	..	..	..	..	..	..	2
29. Pneumonia .....	M	76	1	2	1	..	..	..	1	2	7	24	38
	F	117	..	2	..	..	..	..	..	5	3	20	87
30. Bronchitis and Emphysema .....	M	74	..	..	..	..	..	..	..	3	18	34	19
	F	37	..	..	..	..	..	..	..	1	6	6	24
31. Asthma .....	M	3	..	..	..	..	..	..	..	..	1	1	1
	F	3	..	..	..	..	1	..	..	..	1	1	..
32. Other Diseases of Respiratory System ..	M	12	..	5	..	..	..	..	..	..	..	2	5
	F	11	..	3	..	..	..	..	..	..	2	2	4
33. Peptic Ulcer .....	M	7	..	..	..	..	..	..	..	3	2	1	1
	F	4	..	..	..	..	..	..	..	1	..	1	2
34. Appendicitis .....	M	3	..	..	..	..	..	..	..	..	..	1	2
	F	..	..	..	..	..	..	..	..	..	..	..	..
35. Intestinal Obstruction and Hernia .....	M	5	..	1	..	..	..	..	..	1	1	2	..
	F	6	1	..	..	..	..	..	..	..	1	3	1
36. Cirrhosis of Liver .....	M	2	..	..	..	..	..	..	..	..	2	..	..
	F	2	..	..	..	..	..	..	..	..	1	1	..
37. Other Diseases of Digestive System .....	M	7	..	..	..	..	..	..	..	2	1	3	1
	F	8	..	..	..	..	..	..	1	..	..	..	7
38. Nephritis and Nephrosis .....	M	3	..	..	..	..	..	..	..	..	1	1	1
	F	5	..	..	..	..	..	..	..	..	..	4	1
39. Hyperplasia of Prostate .....	M	3	..	..	..	..	..	..	..	..	..	1	2
40. Other Diseases, [ Genito-Urinary System ..	M	5	1	..	..	..	..	..	..	..	..	..	4
	F	8	..	..	..	..	..	..	..	..	3	3	2
41. Diseases of Musculo-Skeletal System .....	M	..	..	..	..	..	..	..	..	..	..	..	..
	F	2	..	..	..	..	..	..	..	1	1	..	..
42. Congenital Anomalies ..	M	6	3	3	..	..	..	..	..	..	..	..	..
	F	6	5	..	..	..	..	1	..	..	..	..	..
43. Birth Injury, Difficult Labour, etc. ....	M	6	6	..	..	..	..	..	..	..	..	..	..
	F	2	2	..	..	..	..	..	..	..	..	..	..
44. Other Causes of Perinatal Mortality ..	M	9	9	..	..	..	..	..	..	..	..	..	..
	F	1	1	..	..	..	..	..	..	..	..	..	..
45. Symptoms and Defined Conditions ..	M	3	..	..	..	..	..	..	..	..	..	..	3
	F	8	..	..	..	..	..	..	..	..	..	2	6
46. Motor Vehicle Accidents .....	M	11	..	..	..	..	2	1	..	1	1	4	2
	F	10	..	..	1	..	1	..	..	1	1	2	4
47. All Other Accidents .....	M	9	..	4	1	1	..	..	..	2	1	..	..
	F	10	..	3	1	..	..	..	1	..	1	..	4
48. Suicide and Self-Inflicted Injuries .....	M	4	..	..	..	..	1	..	1	..	..	1	1
	F	4	..	..	..	..	1	..	..	..	..	2	1
49. All Other External Causes .....	M	2	..	..	1	..	..	..	..	..	1	..	..
	F	4	..	..	..	..	..	..	..	..	4	..	..
Total All Causes .....	M	803	20	16	4	3	4	3	14	54	167	266	252
	F	849	10	14	2	2	3	4	14	40	96	204	460



# **SANITARY CIRCUMSTANCES FOOD SUPPLY AND INFECTIOUS DISEASES**

(Report of the Chief Public Health Inspector Mr. F. B. Addy)

## HOUSING

### (a) General

Houses built during 1969 :

(i) By Corporation :	Houses and Flats .. .. .	456
(ii) By Private Enterprise :	Houses .. .. .	208
	<b>TOTAL .. .. .</b>	<b>664</b>

### (b) Statistics

#### 1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :

(1) (a)	Total Number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .. .. .	1163
(b)	Number of inspections made for the purpose .. .. .	2767
(2) (a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .. .. .	Nil
(b)	Number of inspections made for the purpose .. .. .	Nil
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	28
(4)	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .. .. .	861

#### 2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers .. .. .	547
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#### 3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :

##### A. Proceedings under the Housing Act, 1957, ss 9, 10 and 16 :

(1)	Number of dwelling houses in respect of which notices were served requiring repairs .. .. .	Nil.
(2)	Number of dwelling houses which were rendered fit after service of formal notices :—	
(a)	By Owners .. .. .	Nil.
(b)	By local authority in default of owners .. .. .	Nil.



**B. Proceedings under Public Health Acts :**

(1) Number of notices outstanding at 31.12.68 .. .. .	39
(2) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. .	135
(3) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners .. .. .	74
(b) By local authority in default of owners .. .. .	88
(4) Number of notices outstanding at 31.12.69 .. .. .	12

**C. Proceedings under ss. 16 and 17 of the Housing Act, 1957 :**

(1) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	Nil.
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .	Nil.
(3) Number of dwelling-houses in respect of which Closing Orders were made .. .. .	Nil.
(4) No. of dwelling-houses in respect of which Closing Orders were determined .. .. .	Nil.
(5) Undertaking accepted not to relet .. .. .	10
(6) Dwelling-houses demolished voluntarily .. .. .	16

**D. Proceedings under Section 18 of the Housing Act, 1957 :**

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. .. .	Nil.
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. .	Nil.

**E. Proceedings under Blackburn Improvement Act 1882 :**

(1) Number of houses closed under Section III. .. .. .	12
(2) Number of houses demolished under Section 112. .. .. .	Nil.

## SLUM CLEARANCE

*Report by Mr. F. Forrest, Senior Housing Inspector.*

The Clearance programme time-table was maintained by representation of unfit properties in the Thompson Street and Lower Audley Street Areas. However, due to the rapidly worsening conditions existing around the Fort Street, Pickup Street Section of the Birley Street Area (due to be represented in 1977), it became necessary to bring forward this portion of the Area for representation during 1969.

The Minister of Housing and Local Government confirmed 15 Compulsory Purchase Orders containing 19 Clearance Areas, and a breakdown of both Areas and number of properties involved is included in the progress report that follows.

A study of this report reveals that virtually all the real 'slums' have been cleared and the current problem is concerned with unfit and unsatisfactory dwellings. It is surely time now, to discontinue the use of the word 'slum' in referring to these areas, for nothing engenders more animosity amongst inhabitants than the implication that their homes are slums.

The Housing Act, 1969, introduced new clauses which increased compensation to owners of properties in Clearance Areas. Encouragement was also given to Local Authorities to improve their own older properties and make larger grants towards the improvement of other, sub-standard privately-owned properties.

Many thousands of properties in the Borough are unsatisfactory from the point of view of amenities, lay-out and construction. Most lack indoor toilets, hot water and bath, with dark, steep staircases, and flagged ground floors. Many families strive to achieve a degree of comfort but at ever-increasing cost for little reward, whilst the deteriorating structures present a continuing problem.

The need to accelerate the Clearance programme is apparent when it will be seen that another 13 years will pass before it is complete, thus adding many years' life to property not yet programmed and already deteriorating.

In conclusion, it is a depressing thought that families will continue to be raised for many years in homes which lack the comforts associated with modern living ; a depression made worse by the knowledge that such conditions will be perpetuated by some of these families, unfortunate enough not to have had the opportunity to appreciate the comforts of 'the better life'.

TABLE 26

PROGRESS REPORT — SLUM CLEARANCE

TO DECEMBER 31st, 1969.

Name of Area	Date of Representation	Number of Premises Represented		Date of Confirmation of Order	Number of houses still occupied	Date Site cleared
Canning Street No. 1	Aug. 63	1st year	4	Oct. 64	..	Sept. 67
Canning Street No. 2	Aug. 63		182			Sept. 67
Canning Street No. 3	Aug. 63		2	Jan. 65	..	Sept. 67
Eccles Street	Oct. 63		181			Sept. 67
Tontine Street No. 1	Nov. 63		57			Sept. 66
Tontine Street No. 2	Nov. 63		4			March 67
Tontine Street No. 1	Nov. 63		4			March 67
Richmond Hill No. 2	Nov. 63		5	Feb. 65	..	March 67
Richmond Hill No. 3	Nov. 63		3			March 67
Bank Top No. 1	Feb. 64	2nd year	92			Nov. 66
Bank Top No. 2	Feb. 64		31			Jan. 67
Bank Top No. 3	Feb. 64		2			May 66
Primrose Hill	April 64		20	May 65	..	July 66
Kemp Street No. 1	April 64		88	July 65	..	May 68
Kemp Street No. 2	April 64		8			March 67
Paradise Lane No. 1	Dec. 64		17	Dec. 66	..	Oct. 68
Paradise Lane No. 2	Dec. 64		3			Dec. 98
Paradise Lane No. 3	Dec. 64		2			Dec. 68
Paradise Lane No. 4	Dec. 64		3			Dec. 68
Paradise Lane No. 5	Dec. 64		15			Jan. 69
Paradise Lane No. 6	Dec. 64		3			Jan. 69
Paradise Lane No. 7	Dec. 64		5			July 68
Birley Street No. 1	Dec. 64		68	July 66	..	May 68
Birley Street No. 2	Dec. 64		5			Nov. 67
Birley Street No. 3	Dec. 64		3			Nov. 67
Birley Street No. 4	Dec. 64		8			Nov. 67
Birley Street No. 5	Dec. 64		5			Nov. 67
Birley Street No. 6	Dec. 64		72			Nov. 67
Birley Street No. 7	Dec. 64		15			Nov. 67
Birley Street No. 8	Dec. 64		59			Oct. 67

Name of Area	Date of Representation	Number of Premises Represented	Date of Confirmation of Order	Number of houses still occupied	Date Site cleared
Accrington Road No. 1 No. 2	Dec. 64 Dec. 64	22 2	Feb. 66 ..	.. ..	Feb. 68 Feb. 68
Barnes Street No. 1 No. 2 No. 3 No. 4 No. 5	Dec. 64 Dec. 64 Dec. 64 Dec. 64 Dec. 64	4 5 4 8 40	.. .. July 66 .. ..	.. .. .. .. ..	Aug. 67 Aug. 67 Feb. 68 Mar. 68 Mar. 68
Ashworth Street No. 1 No. 2 No. 3 No. 4 No. 5 No. 6 No. 7	Dec. 65 Dec. 65 Dec. 65 Dec. 65 Dec. 65 Dec. 65 Dec. 65	3rd year 6 4 12 5 14 307 2	.. .. .. July 67 .. .. ..	.. .. .. .. .. .. ..	.. .. June 67 Mar. 68 Oct. 68 July 69 June 69
Whalley New Road Forrest Street Harrison Street Vauxhall Street Vauxhall Street Islington Islington	June 66 Nov. 66 Nov. 66 Nov. 66 Nov. 66 Dec. 66 Dec. 66	4th year 101 51 73 8 2 25 2	Oct. 67 Oct. 67 .. .. .. .. ..	14 .. 5 3 .. 6 1	.. Oct. 69 .. .. April 68 .. ..
Goit Street Stanley Street	Purchased Informally Purchased Informally	29 17	.. .. .. ..	.. .. .. ..	Oct. 67 .. .. Jan. 66
Wensley Street No. 1 No. 2 No. 3 No. 4 No. 5 No. 6	Feb. 67 Feb. 67 Feb. 67 Feb. 67 Feb. 67 Feb. 67	11 6 3 13 3 5	.. .. .. May 68 .. ..	3 1 .. .. .. ..	.. .. June 69 June 69 .. ..
Denville Street Denville Street	Aug. 67 Aug. 67	139 3	.. ..	23 ..	.. ..
Grimshaw Park No. 4	Aug. 67	112	Dec. 68	26	..



Name of Area	Date of Representation	Number of Premises Represented	Date of Confirmation of Order	Number of houses still occupied	Date Site cleared
Swan Street	Dec. 67	34	May 69	10	..
Park Lee Road	Dec. 67	7	Mar. 69	..	..
Abbott Street	Dec. 67	11	Jan. 69	5	..
Court Fold	Dec. 67	23	July 69	2	..
Witton Stocks	Dec. 67	4	July 69	1	..
Harwood Street	Dec. 67	23	July 69	4	..
Park Place	Dec. 67	3	Mar. 69	2	..
Iron Street	Dec. 67	5	Mar. 69	1	..
Iron Street	Dec. 67	3	Mar. 69	2	..
Clayton Street	Dec. 67	5	Mar. 69	3	..
Back Ivy Street	Dec. 67	3	Mar. 69	..	May 69
Redlam	Dec. 67	10	July 69	7	..
Everton	Dec. 67	9	Mar. 69	2	..
Crossfield Street	Dec. 67	4	Mar. 69	2	..
Crossfield Street	Dec. 67	7	Mar. 69	4	..
Crossfield Street	Dec. 67	2	Mar. 69	1	..
Primrose Terrace	Dec. 68	17	Aug. 69	..	..
Anvil Street	Dec. 68	13	..	1	..
Anvil Street	Dec. 68	14	..	7	..
Anvil Street	Dec. 68	215	..	119	..
Anvil Street	Dec. 68	18	..	9	..
Anvil Street	Dec. 68	2	..	1	..
Anvil Street	Dec. 68	11	..	11	..
Anvil Street	Dec. 68	4	..	2	..
Anvil Street	Dec. 68	3	..	2	..
Thompson Street	} July 69	10	..	8	..
Thompson Street		103	..	86	..
Thompson Street		2	..	2	..
Thompson Street		60	..	28	..
Thompson Street		2	..	2	..
Thompson Street		4	..	4	..
Lower Audley	} Aug. 69	6	..	5	..
Lower Audley		2	..	2	..
Lower Audley		3	..	3	..
Lower Audley		3	..	1	..
Lower Audley		103	..	82	..
Fort Street	} Dec. 69	9	..	8	..
Fort Street		96	..	59	..

## TOTAL OF UNFIT HOUSES DEALT WITH 1956-69

### 1956 - 62

Number of houses represented in Clearance Areas	..	..	1423
Individual unfit houses represented during 7 years	..	..	130
Houses acquired for demolition by negotiation	..	..	237
			<hr/>
			1790
			<hr/>

### 1963 - 69

Number of houses represented in Clearance Areas	..	..	2811
Individual unfit houses represented during 7 years	..	..	61
Houses acquired for demolition by negotiation	..	..	426
Number of houses closed by informal agreement	..	..	33
			<hr/>
			3331
			<hr/>

**GRAND TOTAL UNFIT HOUSES DEALT WITH 1956-1969 — 5121**



**Examples of the Residual effect of the Industrial Revolution—  
Houses in Courts, Houses Cheek by Jowl with Factories,  
inadequate rear access. Unsatisfactory toilet facilities.**



# SMOKE CONTROL



THE PROBLEM



THE AIM



## SMOKE CONTROL



PRESENT CONTRASTS : SOUTH WEST . . . .



. . . . AND NORTHWEST FROM THE TOWN HALL





**A problem needing the concerted attention of Medico Social Worker  
Mental Welfare Officer, Public Health Inspector and Home Help . . . .**



**. . . . and one for the Public Health Inspector alone (Food preparing premises)**

## SANITARY INSPECTION OF THE AREA.

During the year, a total of 14,781 visits and inspections were made by the Public Health Inspectors :

Number of complaints investigated .. .. .	1904
Applications for Corporation Houses .. .. .	481
Choked sewers or Street Gullies .. .. .	97
Choked or defective drains .. .. .	194
Common Yards, Passages, etc. .. .. .	109
Dirty and Verminous Premises .. .. .	149
Food Shops .. .. .	1606
Infectious Diseases .. .. .	272
Inspections of dwelling houses .. .. .	1165
Interviews .. .. .	519
Knackers Yards .. .. .	26
Licensed premises .. .. .	271
Lodging Houses, Common .. .. .	26
Lodging Houses-let-in .. .. .	73
Miscellaneous .. .. .	1700
Offensive Trades .. .. .	15
Rent Act .. .. .	1
Rodent Control .. .. .	298
Schools .. .. .	78
Smallpox Contacts .. .. .	7
Smoke Observations.. .. .	17
Stables .. .. .	1
Wasps Nests .. .. .	12
Theatres and Cinemas .. .. .	27
Works in Progress, Dwelling Houses .. .. .	2767
Works in Progress, Other Premises .. .. .	210
Ineffectual Visits .. .. .	1237
Slum Clearance.. .. .	502
Clean Air Stations .. .. .	262
Water Samples .. .. .	23
Drains Tested .. .. .	305
Noise Abatement .. .. .	186
Pet Shops .. .. .	9
Factories .. .. .	232
	<hr/>
	1,4781



### **Offensive Trades**

The number of offensive trades is twelve. These consist of eight Bone and Rag and Bone Dealing ; one Fat Extracting ; one Gut Scraping and two Tripe Boiling. There is also one Knackers Yard. All are visited regularly.

### **Insanitary Dwellings**

Twenty-two houses were closed during the year as being unfit for human habitation.

### **Verminous Premises and Persons**

Two hundred and forty-nine premises comprising six hundred and forty eight rooms have been disinfested. Three hundred and fifty-five infested persons were treated at the Cleansing Clinic.

### **Infected Premises**

Twenty-four private dwelling houses comprising twenty-five rooms, were disinfested following cases of infectious disease.

### **Common Lodging Houses**

The Salvation Army Hostel (71 male lodgers) in Regent Street is now the only common lodging house left in the Borough. It appears adequate to deal with the declining number of homeless men. The demand now is for homes for the aged and Blackburn is trying to meet this demand so far as finance and manpower will permit by building new hostels for the aged. It is however still common to find aged persons who are unwilling to sacrifice their independence and move into Hostel accommodation.

### **Houses in Multiple Occupation**

The number of foreign nationals continues to grow. This does not appear to present any special problem associated with houses in multiple occupation. Most of the houses which fall vacant are of the two-up and two-down type and do not lend themselves to multiple occupation. Consequently, immigrants find it better to buy a small house in an area already having a high proportion of their own countrymen and where, for this reason, prices tend to be a little cheaper. Because of the difference in habits, speech, dress and customs, integration is not always easy.

### **Local Land Charge Enquiries**

When properties are put up for sale the solicitor for the purchaser enquires from the Local Authority whether or not there is anything outstanding against the premises. So far as this department is concerned it means checking by the various inspectors to see if any requirements of the following Acts have not been complied with : Public Health ; Housing ; Food and Drugs ; Shops, etc., and Clean Air Acts.

During the year enquiries were received concerning two thousand six hundred and fifty-one premises.



## RODENT CONTROL.

### Sewer Control

During the period July, August and September, 913 manholes which had been infested at some time in the past were poisoned using oatmeal with the preservative paranitrophenol and the poison fluoracetamide. Periods of sickness amongst rodent operators again forced a curtailment of the sewers treatment programme, available staff having to give preference to surface complaints. For one short period we had no operators at all.

### Surface Control

During 1969, 952 complaints of rat and mouse infestation were received. This is 89 more than the previous year. The number of complaints of rats increased by 51 to 606 and complaints of mice increased by 38 to 346. On investigation, however, 307 complaints did not show any infestation but as the public are encouraged to report any suspicions, such a result can be expected. Empty houses which are quickly vandalised and used as rubbish tips continue to be a source of trouble and complaint.

### Complaints

No. of complaints received and investigated— :	Rats	..	606
	Mice	..	346
No. of properties inspected	..	..	955
No. of infestations found	..	..	Rats .. 350
			Mice .. 298

### Survey

No. of properties inspected	..	..	..	..	..	1439
No. of infestations found	..	..	..	..	Rats ..	8
					Mice ..	29

### Treatments

No. of premises treated	..	..	..	..	..	680
No. of re-visits	..	..	..	..	..	3556
Defective drains found	..	..	..	..		13
Defective drains repaired	..	..	..	..		13

## DISEASES OF ANIMALS ACT

During the year there were no outbreaks of disease amongst the animals within the area, and duties continued to be of a routine character. Towards the end of the year it was found necessary to make an adverse report on the conditions prevailing at the Cattle Market.

Mr. Cameron, for many years the Area Officer for the R.S.P.C.A., retired during 1969, and was followed by Mr. Orritt, with whom close co-operation has been maintained.

Details of action taken are as follows :—

### *Foot and Mouth Disease (Controlled Areas Restrictions) Orders 1938 and 1956*

Movement licences issued	..	..	Nil.
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### *Regulation of Movement of Swine Order 1959.*

Movement licences issued	..	..	41
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### *Diseases of Animals (Waste Foods) Order 1957.*

Visits to licenced plants	..	..	4
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### **Other Visits**

Farms (movement records)	..	..	46
--------------------------	----	----	----

Cattle Market (transport etc., of animals)			58
--	--	--	----

Knackers Yards..	..	..	26
(Hygiene and Humane conditions)			

Pet Shops (Licencing of)	..	..	9
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## RENT ACT, 1957.

This Act came into operation on 6th July, 1957, and amended the Rent and Mortgage Interest Restrictions Acts 1920 to 1939 and other enactments relating to the control of rents and the right to retain possession of houses. Whilst the Act dealt in the main with matters relating to landlord and tenant, it made provisions whereby a tenant may under certain circumstances, make application to the Local Authority for a certificate of disrepair. Few tenants make use of these provisions and the Act can now be said to have ceased to function. No certificates of disrepair were issued during the year.

## FACTORIES ACT, 1961, AND THE SANITARY ACCOMMODATION REGULATIONS, 1938

	Non- Power	Power	Other Premises	Total
Number of factories on Register .. ..	16	669	20	705
Number of Inspections .. .. .	11	529	14	554
Number of re-visits .. .. .	1	88	1	90
Cases where defects found .. .. .	1	126	1	128
Written notices .. .. .	..	21	..	21
Verbal notices .. .. .	1	105	1	107
Cases remedied .. .. .	1	31	1	33
Referred to H.M.I. .. .. .	..	1	..	..
Referred by H.M.I. .. .. .	..	4	..	..
Prosecutions .. .. .	..	..	..	..

# CASES WHERE DEFECTS WERE FOUND.

	Found	Rem- edied	Referred		Prose- cutions
			to H.M.I.	by H.M.I.	
Sec. 1. Want of Cleanliness ..	1	1	..	..	..
Sec. 2. Overcrowding .. ..	..	..	..	..	..
Sec. 3. Unreasonable temperatures .. ..	..	..	..	..	..
Sec. 4. Inadequate ventilation	..	..	..	..	..
Sec. 6. Ineffective drainage of floors .. .. .	..	..	..	..	..
Sec. 7. Sanitary Conveniences					
(a) Insufficient .. ..	2	2	..	..	..
(b) Unsuitable or defective .. .. .	125	30	1	4	..
(c) Not separate for sexes .. .. .	..	..	..	..	..
Other offences against the Act (not including offences relating to outworkers) ..	..	..	..	..	..
TOTAL .. .. .	128	33	..	4	..



## AIR POLLUTION

A detailed report by Mr. J. Pye, Smoke Abatement Officer.

### INDUSTRIAL AND COMMERCIAL SMOKE CONTROL

The greater part of the Clean Air Act, 1968 came into operation on the 1st April, the remainder on the 1st October, 1969.

One of the immediate effects was to afford a degree of control over the height and final internal diameter of chimneys serving new or additional boiler plant. In this connection three new chimneys were erected and one adapted to suit increased boiler load. Under previous legislation it would have been necessary to have required a plan to be submitted and considered under the Building Regulations before the height of a chimney could be determined and not all installations came under the purview of those Regulations.

In February, complaint was received of considerable soiling to adjoining property through a fault in an arrestment plant serving the shake-out at a local Foundry. This was an unusual case in that a baffle-plate had collapsed, resulting in the deposit of wet sludge on house walls and roofs and in adjoining streets. Urgent remedial action was taken and the plant modified to guard against a recurrence.

Particular consideration was given during the year to two particular installations, one relating to the use of a new Cupola metal-melting furnace, with suitable grit arrestor; the other to the installation and use of a bacon-smoking plant.

A company began manufacturing latex foam carpet underlay which, though giving rise to a degree of fume has not shown itself to be a nuisance, but the plant has been kept under surveillance in an effort to guard against such an occurrence.

Complaints received during the year include one of dust from a solid fuel concentration and distribution depot, where ground-losses become dried and wind-borne, and where, also, dust nuisance can arise from the filling of hoppers from mobile conveyor belts. The management has in mind the use of water sprays to minimise nuisance from the latter, and to sweep the yard area to pick up ground dust in respect of the former.

A complaint was received from a neighbouring Authority of the emission of red/brown fume from a plant within the Borough, which it was alleged blew into the complainant Authority's area. The fume proved to be oxides of nitrogen, emitted during a period prior to the installation of new arrestment plant.

Warnings were issued on three occasions relating to the indiscriminate incineration of waste material; and in a further instance against setting fire to accumulated man-made fibrous yarn which had been removed as 'salvage' from a factory fire; the recovery firm considered that firing it would have been the least expensive method of ultimate disposal.

The emission of industrial chimney smoke appears now to be limited to a hard-core of three or so firms whose problems are principally financial and connected with long term contracts involving the use of a particular class of fuel. The contracts, in all cases, are almost at an end and should therefore be accompanied by a reduction in smoke emissions.

Emissions of soot from a process registered under the Alkali & C. Works Regulation Act, 1906, continue to give periodic cause for complaint. The District Alkali Inspector gives what attention he can to the complaints that arise, but day-to-day observations by him are not possible owing to the extent of the geographical area for which he is responsible.

No legal proceedings were instituted during the year in respect of any contravention affecting industrial or commercial properties.

The following new plant was installed during the year:

Steam or Hot-water Boilers	..	..	25
Air Heaters	..	..	12
New chimneys erected	..	..	2
New metal-melting furnaces installed	..	..	1

Two warning letters were sent where furnaces had been installed for which prior notice to do so had not been given to this Authority. Thirty-two interviews took place connected with new plant or to give advice respecting them.

Few formal observations of industrial chimneys were made during the year, as there appears to be little gained at present from such an exercise.

I must again record my appreciation of the co-operation of Mr. R. H. Smith, the District Alkali Inspector, concerning matters of mutual interest.

### Smoke Control Areas

Difficulties in the formalities relating to the publication of the No. 10 Order, which was made during the year, resulted in a delay in its submission for confirmation beyond the year's end.

One objector was visited and her grounds for objection discussed without success at this stage.

The No. 9 Order became operative on the 1st November, adding a further 2,000 premises to those already under control.

Visits in connection with Orders during the year were as follows—

Surveys : Industrial, etc.	..	..	..	9
Domestic	..	..	..	495
Inspections of works of adaptation	..	..	..	2,218
Miscellaneous visits to give advice, etc.	..	..	..	712
Visits re contraventions : Industrial	..	..	..	3
Domestic	..	..	..	48
Ineffectual visits <i>i.e.</i> where access not gained on first visit	..	..	..	619
Interviews held in office, on all matters	..	..	..	1,350

Warning letters were sent to householders in the case of thirty noted contraventions, and on second occurrences, three were proceeded against in the Magistrate's Court, when fines of £2 were awarded in each case.

One warning letter was sent to a Coal Merchant who had sold coal within an operative Area.

A most serious situation arose during the week immediately before Christmas, when complaints were received of householders being unable to get solid smokeless fuel. Enquiries during the morning of the 17th December, showed that insufficient stocks were held in the local fuel distribution depot, of both open fire as well as other fuels. Enquiries of the Regional

Office of the National Coal Board made it apparent that the supply position was confused, but this Corporation was assured that there was no fear of 'zones going dirty'. Despite such ingenuous assurances it was, however, found necessary to withdraw normal surveillance from operative Areas until the year end at least. This was tantamount to allowing informally the burning of bituminous coal to prevent hardship.

The repercussions of such a serious set-back in the Clean Air Campaign will be felt in ensuing years and could not be determined during the period under review; but there is no doubt that both the manufacturing as well as the distributive side of the solid fuel trade had planned short-sightedly, to the detriment, not only of their customers, but in the long-term, of themselves.

**Conferences and Exhibitions**

The National Society for Clean Air held their Annual Conference in October and I was once again privileged to attend. The Clean Air Act of 1968, having by this time come fully into operation, featured in the discussions held.

Both the North Western Gas Board and the Solid Smokeless Fuels Federation acquired houses within the No. 9 Area to demonstrate their respective appliances under normal operating conditions.

The Solid Smokeless Fuels Federation's Mobile Demonstration Unit visited the No. 10 Area for a week in November.

**Detection and Measurement of Pollution**

Owing to a break-down of the pump serving the volumetric gauge at Glenluce Crescent on several days of two consecutive months, figures for those months would not be representative of the periods. Co-incidentally, following repairs to the pump, the amount of in-drawn air fluctuated to a degree necessitating renewal of other parts of the gauge, and the nett result is that yearly averages are not available, and figures for Glenluce Gauge Site are, therefore, not presented in this report.

YEARLY AVERAGES IN MICROGRAMS PER CUBIC METRE

Year ending 31st March	Smoke		Sulphur Dioxide	
	College of Technology	Glenluce Crescent	College of Technology	Glenluce Crescent
1964/65	191*	186*	280+	177*
1965/66	141*	153	247*	151
1966/67	122@	125	188@	151
1967/68	111+	120*	204+	180*
1968/69	112	—	207	—

★ 11 months only                      + 10 months only                      @ 9 months only

**Solid Deposits**

Measured at the College of Technology and Design only. The results reflect the degree of pollution from insoluble matter falling on to the gauge having become wind-borne from the source of origin.

The averages for 1968/69 have been affected by demolitions and road works, or even building works within the distance limits in which the gauge operates.

### Insoluble Matter

Yearly Averages in Milligrams per Square Metre per Day.

Year ending 31st March	College of Technology & Design
1964/65	80
1965/66	90‡
1966/67	87
1967/68	68
1968/69	102*

‡ 11 months only

\* 10 months only

I must again express my appreciation of the continued co-operation and assistance afforded by Dr. Rose, the Principal, and Mr. S. Hargreaves, of the Chemistry Department, of the College of Technology and Design.



# PROGRESS REPORT

Smoke Control Order	Acres	Number of Dwellings	No. of other Properties	Date of Order	Date of Confirmation	Date of Operation
No. 1 ..	80.0	1666 Private	100	1 - 9 - 60	18 - 9 - 61	1 - 8 - 62
No. 2 ..	86.6	1343 Private	39	5 - 10 - 61	20 - 3 - 62	1 - 4 - 63
No. 3 ..	346.0	492 Corporation 473 Private	26	18 - 7 - 62	15 - 10 - 62	1 - 11 - 63
No. 4 ..	146.0	80 Corporation 1326 Private	44	8 - 5 - 63	30 - 7 - 64	1 - 7 - 65
No. 5 ..	52.2	123 Corporation 242 Private	127	22 - 4 - 64	15 - 7 - 64	1 - 11 - 65
No. 6 ..	995.0	2 Corporation 1485 Private	33	11 - 8 - 65	9 - 12 - 65	1 - 11 - 66
No. 7 ..	111.5	1527 Private	66	8 - 2 - 67	25 - 4 - 67	1 - 7 - 68
No. 8 ..	104.6	214 Private	22	14 - 8 - 67	30 - 10 - 67	1 - 11 - 68
No. 9 ..	474.0	8 Corporation 1844 Private	101	11 - 9 - 68	6 - 12 - 68	1 - 11 - 69
No. 10 ..	696.0	126 Corporation 1629 Private	31	1 - 10 - 69	23 - 6 - 70	1 - 7 - 71
Total .. ..	3091.9	12,580	589			

## WATER SUPPLY.

I am indebted to Mr. K. Crook, Divisional Engineer (Eastern Division) to the Fylde Water Board for the following report on the town's water supply.

Mains laid : 3-in. and over	..	..	..	3.685 miles
Domestic properties connection	..	..		615
Separate service pipes under grant-aided scheme				140 approx.
Increase in consumption	..	..	..	4.4%

During the year, Fishmoor Reservoir was emptied and new 21-in. dia. mild steel tubes were threaded through the existing 24-in. cast iron scour and outlet pipes. The annular between the pipes was filled with cement grout and these pipes lined internally with epoxy resin. Also new 21-in. penstocks were fitted to both pipes and new sluice valves on the downstream side of the embankment. The reservoir was put back into commission on October 13th, 1969.

Guide Reservoir was emptied for about four weeks whilst extensively corroded penstocks were removed and measurements taken to re-design the outlet tower, the work to be carried out at a later date. A temporary 6-in. main was laid round the reservoir to divert the water. These works were carried out after inspections by the Reservoir Safety Officer.

## SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the Borough Engineer for the following comments on Sewerage and Sewage Disposal.

A new sewage disposal works serving the whole of the Borough has been completed and brought into operation. The effluent now produced complies with the standards fixed by the Lancashire River Authority.

The increase of water consumption is causing problems in connection with the discharge of storm overflows from sewers into the rivers, but a relief sewerage scheme serving the Southerly portion of the Borough is nearing completion and further schemes in connection with the Central and Northern parts of the Borough are in course of preparation.

# BACTERIOLOGICAL ANALYSIS.

Source of Sample	Number Examined	No. free from Coliform Organisms	Per cent. Satisfactory	Aerobic micro-organisms growing in Yeastral Agar No. of Colonies per ml. of sample	
				in 2 days at 37°C.	in 3 days at 22°C.
Fishmoor Distribution	52	52	100%	Nil.	2
Revidge     ,,	78	78	100%	1	4
Ramsgreave     ,,	26	26	100%	1	2
Eddy Holes     ,,	26	26	100%	1	5

# CHEMICAL ANALYSIS

	Ramsgreave system	Fishmoor & Guide system
Appearance .. .. .	Clear & Bright	Clear & Bright
Colour (Hazen p.p.m. Pt) .. .. .	6	4
Turbidity (p.p.m. Silica) .. .. .	Nil.	Nil.
Odour.. .. .	Nil.	Nil.
Taste .. .. .	Normal	Normal
Reaction pH value .. .. .	8	7.8
Residual Chlorine .. .. .	p.p.m. 0.15	p.p.m. 0.15
Free and Saline Ammonia as N2 .. .. .	0.12	0.10
Albuminoid Ammonia as N2 .. .. .	0.08	0.06
Nitrous Nitrogen as N2 .. .. .	..	..
Nitric Nitrogen as N2 .. .. .	0.30	0.21
Oxygen absorbed 4 hrs. at 27°C. .. .. .	0.30	0.18
Free Acidity as CO2 .. .. .	..	..
Carbonate Hardness as CaCO3 .. .. .	22	30
Total Hardness as CaCO3 .. .. .	46	42
Non-carbonate Hardness as CaCO3 .. .. .	24	12
Excess Alkalinity as Na2CO3 .. .. .	..	..
Calcium as CaCO3 .. .. .	40	32
Magnesium as CaCO3 .. .. .	6	10
Total Solids dried at 180°C. .. .. .	90	83
Chloride as Cl .. .. .	10	15
Sulphate as SO4 .. .. .	25	20
Lead as Pb .. .. .	less than	0.05
Manganese as Mn .. .. .	Negligible	0.04
Copper as Cu .. .. .	..	..
Iron as Fe .. .. .	0.07	0.05
Aluminium as Al .. .. .	0.10	0.06
Fluoride as F .. .. .	less than	0.10

## ICE CREAM

The number of premises registered for the manufacture, sale or storage for sale of ice cream has increased. During 1969, 18 such applications were received, whilst 8 registrations were cancelled.

Number on Register, 31st December, 1968	..	549
Number of Registrations discontinued during 1969		8
Number of premises registered during 1969	..	18
Number on Register, 31st December, 1969	..	559

### Bacteriological Examination

Sixty-four samples were taken of which forty-one came within Grade 1, seventeen in Grade 2, three in Grade 3 and three in Grade 4. Two lolly ices were examined and found satisfactory.

### Chemical Examination

The present standard is 5% fat and 7½% milk solids not fat.

Five samples was submitted to the Public Analyst and were chemically satisfactory.

## ICE CREAM PREMISES

Four hundred and fifteen visits were made to registered premises and twenty-two warnings given for various contraventions.

### Ice Cream Vehicles

Eight vehicles were inspected and three verbal notices given for various contraventions.

## DAIRIES AND MILK SUPPLY

### Dairies

Two hundred and forty-three visits were made to dairies. Nineteen verbal notices were given and twelve letters sent for contraventions of the Milk and Dairies Regulations.

### Farms

Seventy-nine visits were made in connection with adverse reports on milk samples, and advice given to the farmers concerned.

During the year, an outbreak of salmonella food poisoning occurred on a local farm. The farmer was the person affected. This was a milk producing farm, and the milk sold by retail as untreated milk.

All the milk cows in the herd and the milk they produced was bacteriologically examined. The tests carried out on animals and milk gave negative results. Certain persons working on the farm were found to be carriers of the organism and it was necessary to exclude them from work in connection with the production and distribution of milk until they were certified free from infection.



## **Agriculture (Welfare) Act, 1956**

Eight farms were visited in connection with the employment of farm labour.

## **Milk Vehicles**

Seventeen milk vehicles were inspected during the year. Three verbal notices were given.

## **Milk (Special Designations) Regulations, 1960**

One hundred and ninety samples of designated milk were bacteriologically examined.

The following table shows the grades of milk examined and the results of the tests :—

**Table 27**

CLASS OF MILK	Number of samples	Number satisfactory	Number not satisfactory	TESTS FAILED		
				Phosphatase	Methylene Blue	Biological
Pasteurised .....	72	66	6	..	6	..
Sterilised.....	28	28	..	..	..	..
Ultra Heat Treated ....	6	6	..	..	..	..
Untreated .....	84	69	15	..	15	..
All grades examined for Tuberculosis .....	26	26	..	..	..	..
Brucella Abortus .....	31	26	5	..	..	..

## **Brucella Abortus**

Following five unsatisfactory reports on Brucella Abortus in milk, the milk from sixty five animals was separately examined. As a result, eight animals were found to be secreting infected milk and they were removed from the herds concerned.

## **Cream**

Twenty-one samples of cream were bacteriologically examined and twenty found to be satisfactory. One was reported unsatisfactory. .

## **Foods other than milk**

Forty-four samples of a variety of foods, mainly cooked meats, were sent for bacteriological examination. Of these, twelve were considered to be unsatisfactory. The producers and retailers of these unsatisfactory foods were interviewed and advised.

## **Bottles**

Twelve washed milk bottles have been bacteriologically examined. Nine were satisfactory and three unsatisfactory.

Twelve washed mineral water bottles have also been bacteriologically examined. All were reported satisfactory.

## **Cysticercus Bovis**

During the year, six cases were discovered during meat inspection at the Abattoir. Five were localised cases and after rejection of the offal and any affected parts of the carcase, the carcasses were sent into cold storage for the appropriate period. There was one case in which the disease was generalised ; the carcase and all organs were sent for destruction.

## **DISPOSAL OF CONDEMNED FOOD.**

**Public Abattoir.** The condemned meat and offal from the Public Abattoir is sold to two firms of fat melters and fertilizer manufacturers. Such material is either processed within the Borough at premises which are regularly visited, or is sold to other processors outside the Borough.

**Wholesale Fish Market.** Unsound fish is sold to a fertilizer manufacturer outside the Borough.

**Other Foods.** All other unsound foodstuffs are collected and disposed of by the Corporation.

**Special Examination of Consignments.** There were no special examinations of consignments of foodstuffs during the year.

**Carcases, etc. sent for Utilisation :** 68 tons 2cwts. 54 lbs.

### **Other Foodstuffs seized or surrendered**

Tins and Jars of Miscellaneous Foods .. .. .	8,498	Fruits .. .. .	11,770-lbs.
Frozen Foods .. .. .	7,880-pks.	Vegetables .. .. .	5,734-lbs.
		Miscellaneous Foods ..	594-lbs.

### **Number of Visits to Inspect Food**

Meat Shops .. .. .	33	Fish Market .. .. .	24
Provision Shops .. .. .	101	Fish Siding .. .. .	18
Meat Market .. .. .	25	Miscellaneous.. .. .	42

# MEAT INSPECTION

**Table 28**

CARCASES INSPECTED AND CONDEMNED.

	Cattle excd'g Cows	Cows	Calves	Sheep and Lambs	Pigs	Goats
Number killed .. .. .	4599	3196	477	37244	13652	..
Number inspected .. .. .	4599	3196	477	37244	13652	..
<b>All Diseases except Tuberculosis :</b>						
Whole carcasses condemned .. ..	8	20	29	99	50	..
Carcases of which some part or organ was condemned .. ..	2495	2562	1	7311	3214	..
Percentage of the number inspected with disease other than tuber- culosis .. .. .	54.25	80.16	0.21	19.63	23.54	..
<b>Tuberculosis only :</b>						
Whole carcasses condemned .. ..	..	..	..	..	..	..
Carcases of which some part or organ was condemned .. ..	..	..	..	..	19	..
Percentage of number inspected affected with tuberculosis ..	..	..	..	..	0.14	..
	Cows	Heifers	Steers	Bulls		
<b>Cysticercosis :</b>						
Carcases of which some part or organ was condemned .. ..	..	..	5	..		
Carcases submitted to treatment by refrigeration .. .. .	..	..	5	..		
Generalised and totally condemned	..	..	1	..		

## Details of Carcases rejected for diseases other than Tuberculosis :

### CATTLE

Fevered .. .. .	1	Septic Pneumonia .. .. .	1
Septicaemia .. .. .	1	Enteritis .. .. .	1
Pyæmia .. .. .	5	Endocarditis .. .. .	1
Generalised C.B. .. .. .	1	Septic Peritonitis .. .. .	3
Severe Bruising .. .. .	4	Oedema and emaciation .. .. .	9
Tumours .. .. .	1		
		.. .. Total	28

### SHEEP

Septic Peritonitis .. .. .	2	Mucoid Degeneration .. .. .	6
Oedema .. .. .	9	Septic Pleurisy .. .. .	1
Maggotts .. .. .	1	Emaciation .. .. .	68
Pyæmia .. .. .	6	Severe Bruising .. .. .	4
Enteritis .. .. .	1	Pneumonia .. .. .	1
		Total .. ..	99

### CALVES

Septic Enteritis .. .. .	1	Joint Ill .. .. .	13
Immaturity .. .. .	7	Oedema .. .. .	1
Septic Pneumonia .. .. .	2	Pyæmia .. .. .	5
		Total .. ..	29

### PIGS

Pyæmia .. .. .	27	Rickets and emaciation .. .. .	13
Arthritis .. .. .	3	Fevered .. .. .	4
Multiple Abscesses .. .. .	1	Oedema .. .. .	1
Bruising .. .. .	1		
		Total .. ..	50

## INSPECTION OF FOOD PREMISES

There are within the Borough the following food premises :—

Grocers .. .. .	389
Greengrocers and Wet Fish Shops .. .. .	46
Butchers .. .. .	120
Cooked Meat Premises (other than Butcher) .. .. .	31
Bakers and Confectioners .. .. .	152
Fried Fish Shops .. .. .	93
Cafes and Snack Bars .. .. .	60

The following table shows the numbers and types of premises registered under :—

#### (a) Food and Drugs Act, 1955 :

Manufacture of Ice Cream .. .. .	37
Storage and Sale of Ice-cream .. .. .	522
Manufacture of Sausages .. .. .	24
Manufacture of Sausages and Cooked Meats .. .. .	69
Manufacture of Cooked Meats .. .. .	31

#### (b) Milk and Dairies (General) Regulations :

Number of Registered Dairies .. .. .	4
--------------------------------------	---



## FOOD HYGIENE REGULATIONS, 1960.

### CLEAN FOOD BYELAWS.

#### Summary of Premises Visited :

Licensed Premises	..	..	..	..	..	272
Butchers and Cooked Food Premises	..	..				100
Cafes and Snack Bars, etc.	..	..	..	..		170
Grocers	..	..	..	..	..	852
Bakehouses and Confectioners	..	..	..			202
Fish Fryers and Crisp Fryers	..	..	..			179
Greengrocers	..	..	..	..	..	131
Mobile Shops	..	..	..	..	..	25
Total Visits	..	..				<hr/> 1931 <hr/>

Number of Premises Inspected	..	..	..	1495
Number Found Satisfactory	..	..	..	1240
Number Found Unsatisfactory	..	..	..	255
Number of re-visits to Unsatisfactory Premises	..			436
Number of Premises made Satisfactory	..	..		191

#### Miscellaneous Visits :

Re Unsound Food	..	..	..	..	..	60
Re Proposed Food Premises	..	..	..			82

FOOD HYGIENE REGULATIONS, 1960.  
DETAILS OF CONTRAVENTIONS FOUND.

**Table 29**

**Food Premises :**

							<i>Found</i>	<i>Remedied</i>
Dirty Equipment	..	..	..	..	..	..	64	59
Equipment in bad repair	..	..	..	..	..	..	34	28
Equipment not protected from contamination	..	..	..	..	..	..	5	6
Food placed as to involve risk of contamination	..	..	..	..	..	..	71	63
Persons with dirty clothing	..	..	..	..	..	..	1	1
Persons smoking in food rooms	..	..	..	..	..	..	4	4
Persons with exposed cuts	..	..	..	..	..	..	—	—
Outdoor clothing in food room	..	..	..	..	..	..	—	—

**Sanitary Conveniences :**

Not in repair	..	..	..	..	..	..	10	9
Inadequately screened	..	..	..	..	..	..	1	1
Not clean	..	..	..	..	..	..	52	48
Not ventilated	..	..	..	..	..	..	7	5
Not in working order	..	..	..	..	..	..	10	9
Not lighted	..	..	..	..	..	..	9	12
In direct communication	..	..	..	..	..	..	6	3
No "wash hands" notices	..	..	..	..	..	..	20	20
No door fasteners	..	..	..	..	..	..	—	2
Absence of suitable wash hand basin	..	..	..	..	..	..	12	8
Absence of constant hot water	..	..	..	..	..	..	16	12
Absence of constant cold water	..	..	..	..	..	..	2	2
Absence of soap or detergent	..	..	..	..	..	..	13	15
Absence of nail brushes	..	..	..	..	..	..	26	29
Absence of clean towels, etc.	..	..	..	..	..	..	11	8
Absence of suitable first aid materials	..	..	..	..	..	..	37	49
Absence of suitable accommodation for clothing	..	..	..	..	..	..	2	1
Absence of suitable sink	..	..	..	..	..	..	13	17
Absence of constant hot water to sink	..	..	..	..	..	..	4	2
Absence of constant cold water to sink	..	..	..	..	..	..	1	—
Absence of clean cloths for drying	..	..	..	..	..	..	—	—
Sinks not clean and in working order	..	..	..	..	..	..	6	3

**Food Rooms :**

Not efficiently lighted	..	..	..	..	..	..	2	—
Not sufficiently ventilated	..	..	..	..	..	..	13	12
Walls not clean	..	..	..	..	..	..	164	122
Walls not in good repair	..	..	..	..	..	..	51	37
Floors not clean	..	..	..	..	..	..	32	19
Floors not in good repair	..	..	..	..	..	..	28	28
Doors not clean	..	..	..	..	..	..	2	2
Doors not in good repair	..	..	..	..	..	..	2	3
Windows not clean	..	..	..	..	..	..	2	3
Windows not in good repair	..	..	..	..	..	..	—	—
Woodwork not clean	..	..	..	..	..	..	6	3
Wood work not in good repair	..	..	..	..	..	..	1	5
Ceilings not clean	..	..	..	..	..	..	118	89
Ceilings not in good repair	..	..	..	..	..	..	17	9
Infestation by rodents	..	..	..	..	..	..	2	2
Accumulation of refuse	..	..	..	..	..	..	9	9
<b>TOTAL</b>	..	..	..	..	..	..	<u>886</u>	<u>769</u>

## SALE AND EXPOSURE FOR SALE IN THE OPEN AIR

### Stalls Visited :

Butchers, Poultry and Rabbits .. .. .	2648
Biscuits, Confectionery and Cheese .. .. .	1198
Cooked Meats and Tripe .. .. .	552
Sweets and Chocolate .. .. .	460
Fish and Shrimps .. .. .	1656
Grocers .. .. .	543
Fruiterers .. .. .	3494
Number of stalls inspected .. .. .	10551
Number of stalls found satisfactory .. .. .	10428
Number of stalls found unsatisfactory .. .. .	123
Number of revisits to unsatisfactory stalls .. .. .	123
Number of stalls made satisfactory .. .. .	123

### Details of Contraventions :

	<i>Found</i>	<i>Remedied</i>
Inadequate protection of foodstuffs .. .. .	83	83
Accumulations of Refuse .. .. .	12	12
Stalls not clean .. .. .	21	21
Name and address not displayed .. .. .	7	7

### MANUFACTURE OF SAUSAGES, POTTED, PRESSED, PICKLED OR PRESERVED FOOD.

Number of applications received .. .. .	2
Number of applications granted .. .. .	2
Number of applications refused .. .. .	—

### Food Poisoning

Sixty-eight cases of food poisoning were discovered during the year.

### Fertiliser and Feeding Stuffs Act, 1926

Ten informal samples of feeding stuffs and fertilisers were examined by the Analyst during the year. Six were reported satisfactory and four unsatisfactory. The necessary action was taken following report on the unsatisfactory samples.

### Food and Drugs Act, 1955

During the year, one hundred and twenty-five samples of milk were submitted to the Public Analyst. One hundred and thirteen samples were reported satisfactory, nine samples were reported unsatisfactory because of poor quality, and three samples unsatisfactory owing to fat deficiencies and slight adulteration. In each case the producers were advised and a warning given where called for. A further one hundred and seventy-two samples of other foods and drugs were taken, seventeen of which were reported as adulterated.

The following table shows the action taken respecting the twenty samples reported not genuine.

**Table 30**

<i>Articles Sampled</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Ginger Beer Syrup	Contained sulphur dioxide 690ppm by weight. Preservative not declared in list of ingredients. There is a limitation of 350 parts per million of sulphur dioxide in a ginger beer drink.	Ginger beer syrup is the basic ingredient for the production of ginger beer. The sulphur dioxide content, when the ginger beer is produced, is below the legal minimum. No action necessary on this aspect. Correct labels bearing preservative statement now in use.
Rum and Butter toffee	Butterfat content only 2% Rum absent.	Vendor cautioned
Welsh Nougat	This substance was described as containing sugars derived from honey. Total sugars 84.5% of which approx. 65% would be derived from sources other than honey, yet sold described as without sugar.	Vendor cautioned.
Potted Meat	Meat content 63.5%	Vendor cautioned.
Condensed Milk (3 samples)	Three samples of condensed milk were obtained from a consignment of imported 2-gal. tins. Condition of the condensed milk was found to be lumpy and unsatisfactory.	Importation of the condensed milk stopped.
Milk	Deficient 26.6% of fat.	Letter of warning sent
Milk	Fat 3.50% Solids not fat 8.35%. Freezing point 0.533°C.	Producer interviewed and advised.
Sweets with Vitamin C	Incorrect labelling of this sample in relation to the Vitamin C content.	Manufacturer interviewed. Label amended.
Milk	Fat 4.10%. Solids not fat 8.32% Freezing point 0.532°C.	Producer interviewed and advised.
Headache Tablets	Undeclared citric acid present.	Manufacturer interviewed. Label amended.
Lambs Tongues Canned	Meat content 86.5%. Should contain 90% of meat.	Manufacturer to alter description on can label to "lambs tongues in jelly."
Pork Sausage	Contained 180 parts per million of Sulphur Dioxide without notice of preservative.	Vendor interviewed. Notice re: preservative in sausage now displayed.



<i>Articles Sampled</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Beef Tomato Sausage	Contained 160ppm of Sulphur Dioxide without declaration.	Vendor interviewed Notice re: preservative in sausage now displayed.
Carrot Juice Canned	Incorrectly labelled with regard to the vitamin content.	Label amended to conform to regulations.
Pork Sausage	Deficient in meat. Meat content 56%.	Manufacturer cautioned.
Sweets with Vitamin C	Incorrectly labelled with regard to the vitamin content.	Label amended.
Chewing Gum	Incorrectly labelled	Label amended
Meat Pies	Deficient of meat content. Contained 21.3% of meat instead of 25%.	Manufacturer cautioned

## OTHER COMPLAINTS INVESTIGATED AND ACTION TAKEN

<i>Offence</i>	<i>Action Taken</i>
Steak pudding contained piece of hide.	Warning given
Pieces of wood in currant teacake.	Warning given
Piece of string in loaf.	Warning given
Bottle of milk containing matter in suspension (bits of straw and dust).	Warning given
Steak pudding containing hair (bristles from pastry brush)	Warning given
Milk in dirty bottle. Internal surfaces contaminated with oil and cement.	Warning given
Insect in tea-cake.	Warning given
Piece of cloth in meat pie.	Warning given
Milk in dirty bottle.	Warning given
Beetle in Strawberry Youghort.	Warning given
Snail in Blackcurrant Jam.	The offence of selling took place in an adjoining Authority Referred to Authority concerned
Milk in dirty bottle.	Warning given
Pre-packed nuts containing grubs.	Warning given
Spider beetle in chicken noodle and curry sauce.	Warning given
Fly blown pre-packed bacon.	Warning given
Cream puff containing black substance.	Warning given
Tin of peaches mouldy.	Warning given
Fly in meat pie.	Warning given
Burnt matchstick in potatoe pie	Warning given
Tin of Ham unfit for human consumption	Warning given
Bottle of milk containing piece of cardboard	Warning given
Mince meat unfit for human consumption	Warning given
Mouldy meat pie	Warning given
Mouldy tea-cake	Warning given
Beef sandwich unfit for human consumption	Warning given
Mouldy brown sliced loaf	Warning given
Loaf containing fibrous substance	Warning given
Bacon joint unfit for human consumption	Warning given
Metal rivet in cake	Warning given
Pin in scone	Warning given
Fly in mince meat	Warning given
Small sliced loaf mouldy	Warning given
Large sliced brown loaf mouldy	Warning given
Glass in bottle of mineral water	Warning given
Large sliced loaf mouldy	Warning given
Needle and thread in jam sponge	Warning given
Milk in dirty bottles	Warning given
Piece of metal in bag of crisps	Warning given
Small sliced loaf mouldy	Warning given

Large sliced loaf mouldy	Warning given
Condensed milk unfit for human consumption	Stocks withdrawn
Mould on jellied ham	Warning given
Milk in dirty bottle	Warning given
Bar of chocolate partially eaten by mice	Warning given
Jam puff stale	Warning given
Tinned luncheon meat unsound	Warning given
Fly in bottle of sherry	Warning given
Cream cakes contaminated with paint odours	Warning given
Tin of corned beef containing piece of bakelite	Warning given
Fish showing evidence of decomposition	Warning given
Cigarette end in jar of partially-used jam	Unable to establish when cigarette end had entered jam.
Beetle in tin of peas	Warning given
Teacake containing piece of old discoloured dough	Warning given
Margarine containing piece of fibre board	Warning given
Unsound piece of bacon	Warning given
Piece of glass in bread	Warning given
Sliced loaf containing old and dirty dough	Warning given
Corned beef unfit for human consumption	Warning given. Stocks withdrawn
Rancid Butter	Warning given
Staple in bottle of milk	Staple not in milk but in glass of bottle.
Ladybird in fruit cocktail	Warning given
Potato crisps alleged to be unfit for human consumption.	Crisps not unsound. No action taken.

## NOISE ABATEMENT.

During the year twenty complaints of noise nuisance were investigated, seven more than the previous year. Is this a sign that people are becoming less tolerant of noise ? Certainly attitudes are becoming more militant, louder and insistent on immediate action. Conditions which have existed for weeks, and sometimes months, must be put right overnight. Or else !

Investigations continue to be time-consuming, and out-of-office-hours visits have often to be made to try and obtain a true estimate of the situation.

In several cases no cause for complaint could be found; in five, the noise emission was not considered sufficient to be styled a nuisance. Co-operation with owners of industrial and commercial premises continues to be fairly satisfactory and no statutory action was necessary.

Details of complaints investigated are as follows :—

(1) **Industrial :** Noise from a Brewery.

The noise was caused by refrigeration plant and considered to be a nuisance. The Works Manager undertook to call in a Noise Consultant, and to act on his advice.

(2) **Domestic :** Noise of an “electrical nature” coming from adjoining houses.

No cause for complaint was found. The complainant was an elderly spinster with a history of mental confusion.

(3) **Domestic :** Barking Dogs.

A most unusual case as the occupier steadfastly refused access to the premises and a Magistrate’s Warrant to enter had to be obtained and forcible entry made. On the premises were five adult and three young dogs. These were eventually reduced to a total of three. Action had also to be taken, under the Public Health Act, 1936, for other omissions.

(4) **Commercial :** Launderette.

The complaint was considered justified ; after various works of insulation had been carried out no further complaints were received.

(5) **Industrial :** Timber Yard.

The noise was a high pitched whine from a wood chip extraction system and was a nuisance. A silencer was fitted and the noise reduced to a tolerable level.

(6) **Industrial :** Engineering Works.

The noise emanated from the gears of a machine. The Manager promised to have the gears enclosed.

(7) **Commercial :** Youth Club.

The Club is situated in the centre of town with only one flat relatively near. After a word with the Manager the windows on the side facing the flat were kept closed, and this appears to have solved the problem.

(8) **Commercial :** Barking of a guard dog at a Scrap Yard.

A full investigation, in and out of office hours, failed to reveal a nuisance. No further action taken.

(9) **Domestic :** Vibration.

This was a peculiar complaint in so far as the vibrations ceased before investigations began, and have not recurred.



- (10) **Commercial :** Vibration by a Launderette.  
On investigation some vibration was found, but after careful consideration it was decided that the "best practicable means" had been taken to prevent nuisance.
- (11) **Industrial :** Noise from Packing Case Manufacture.  
The noise complained of was justified and due to packing cases being assembled on the footpath outside the premises. The Manager willingly agreed to stop this practice and no further complaints have been received.
- (12) **Commercial :** Juke Box in a Public House.  
Whilst not being entirely satisfied that the noise constituted a nuisance, the landlord did agree to see that the music was "toned down"—the complaints then ceased.
- (13) **Commercial :** Launderette.  
The complaint was found to be justified and alterations were carried out to the ducting and exhaust pipe. Noise emission considerably reduced.
- (14) **Domestic :** Barking Dogs.  
This complaint was thought to be justified and a letter was sent to the occupier which resulted in a big improvement.
- (15) **Commercial :** Noise from cars of persons using a Launderette.  
It was decided that this was a matter over which we had little control, although the Manager did promise to endeavour to get his customers to park away from the houses at night.
- (16) **Commercial :** Extractors to driers at a Launderette.  
After discussion a baffle was fixed to the extractor, following which there was no further complaint.
- (17) **Industrial :** Textile Mill.  
The complaint, in this case, was fully justified. The noise arose from a batch of 16 "False Twist Texturising" machines. After advice from the manufacturers, and a firm of Noise Consultants, the extract ducts were re-sited and baffles fixed in the ducts. This reduced the noise to a tolerable level.
- (18) **Industrial :** Paper Mill.  
The noise complained of came from a Rolling Mill. Investigations are still being carried out and discussions taking place with the Management.
- (19) **Domestic :** Barking Dogs.  
This case appeared to be a quarrel between neighbours, and it was decided, by the complainant, that she would take action through her solicitor.
- (20) **Industrial :** Foundry.  
This was a recurrence of the nuisance reported previously (No. 13—1968). The rotary furnace responsible for the noise and vibration had been re-sited within the Works, but the work had not been completed. It is hoped that when the new building is completed, and the furnace properly connected to the chimney flue, the noise and vibration will be reduced.

**THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**  
**ANNUAL REPORT FOR THE YEAR 1969**  
**(1st January - 31st December)**

**Additional Legislation**

The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, made on the 27th of May, 1968, came into operation on the 28th of May, 1969.

These Regulations impose requirements as to the construction, maintenance and examination of hoists and lifts in Offices, Shops and Railway Premises. They require liftways to be enclosed and the provision of gates, fitted with devices for securing that the gates cannot be opened unless a lift is at the landing, and that a lift cannot be moved away from the landing until the gates are closed. They also require that every lift shall be marked with its maximum safe-working load. The Regulations exempt, from certain requirements, certain lifts and hoists subject to specified conditions and limitations.

Regulation 6 provides that every lift shall be thoroughly examined by a competent person every six months (or twelve months for a continuous lift or one not connected with mechanical power). The form of the report of the examination is prescribed by the Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order, 1968, which also become operative at the same time.

These Regulations provide the same safeguards as those under Factories legislation.

Visits were made during the year to premises where hoists and lifts were in use, and the occupiers informed of their obligations. In a number of instances, reports of the inspection carried out by a competent person (generally the Insurance Surveyor), were kept at the Head Office or Registered Office of the firm. Occupiers were advised that under Regulation 6(2), reports or copies should be kept 'readily available' for inspection for two years after signing.

Regulation 6(3) requires that where an examination shows that a lift cannot continue to be used with safety unless immediate repairs are carried out, or done so within a specified time, the person making the report shall, within twenty-eight days of the examination being completed, also send a copy to the enforcing Authority. One such report was received regarding and Electric Goods Lift in a Multiple Store, and which required the replacement of splintered suspension ropes within six weeks. On reinspection at the end of the period the work had not been done. The Lift Maintenance Engineers responsible were contacted and a letter sent to the Head Office. Three days later the work was completed.

Hoists and Lifts are a new field for the majority of Inspectors concerned. Early in the year a number of one-day Courses on the Regulations were arranged by the Merseyside and North West Safety Centre at Liverpool. The Courses were well-attended and proved instructive and informative. I found the knowledge obtained to be a great help in advising on and enforcing the Regulations.

## Registration and General Inspection of Premises

During the year, eighty-nine notifications of employment of persons were received and one hundred and fourteen premises taken off the register. Nine hundred and seventy-two premises remained on the register at the end of the year. Three hundred and fifty-eight general inspections were carried out, bringing the total number of premises receiving one, or more, general inspections to one thousand, three hundred and fifty-four. New occupiers, changes of occupiers, and firms moving into new premises, often result in failure of the employer to give notice of employment of persons. Steps are taken to remedy this, and general inspection of these premises is given priority.

Following the discovery of contraventions, action varies from verbal intimation (few contraventions about which the employer appears willing to take immediate action) to forceful letters requesting immediate compliance. Generally, a 'contravention letter' is sent, and if the works are not complied with, a final warning letter follows giving a stated time limit for completion.

Some premises require more frequent inspection than others, but all receive a general inspection every two to three years. This is in addition to 'follow up' routine inspections after contravention letters have been served.

Few complaints have been received, the resultant inspections being carried out as a 'follow-up' or general inspection, to preserve the anonymity of the complainants.

## Legal Proceedings

No legal action was required during the year. Contraventions were either remedied prior to the expiration of the time allowed or the premises closed by the employer.

## Accidents

Seventeen 'Notice of Accident' were received, details being as follows :—

<i>Type of Premises</i>	<i>Cause of Accident</i>	<i>Nature of injury to employee</i>
1. Retail Ladies Outfitters	Falling off steps	Fractured leg and arm
2. Wholesale Builders Merchants	Handling goods	Bruised foot
3. Multiple Store	Striking against object	Bruised head
4. Bank	Striking against object	Gash on head
5. Wholesale Chemist	Falling on same level	Fractured arm
6. Retail Ironmongers	Striking against object	Bruised head
7. Retail Shop (Television Rental)	Handling goods	Slipped disc
8. Multiple Store	Falling on same level	Fractured ankle
9. Public House	Handling goods	Bruised toes
10. Wholesale Builders Merchants	Handling goods	Strained back
11. Building Society Office	Falling on same level	Bruised leg
12. Retail Butchers	Cutting Beef	Cut thumb
13. Retail Confectioners	Handling goods	Strained back
14. Multiple Store (Canteen)	Striking against object	Bruised knee
15. Multiple Store	Boning Bacon	Cut finger
16. Multiple Store	Handling goods	Bruised ankle
17. Cinema Office	Falling off steps	Fractured wrist



Investigations were made into sixteen of these accidents but no serious contraventions of the Act found. Letters were sent to the occupiers of four premises, and advice given in several other cases.

## **Health and Welfare Provisions—Contraventions**

### **Cleanliness :** (Section 4)

Out of three hundred and fifty eight premises inspected, cleanliness was unsatisfactory to some degree in thirty nine cases.

### **Overcrowding :** (Section 5)

In one premises the number of persons employed in a particular room exceeded that permitted.

### **Temperature :** (Section 6(2))

Where work does not involve severe physical effort a temperature of 16°C (60.8°F) must be maintained after the first hour. In twenty one cases the temperature was found to be below that required.

### **Thermometers :** (Section 6(4))

A sufficient number of thermometers was not provided in seventy five premises. In some of these cases thermometers had been provided but were broken, others were not registering correctly.

### **Ventilation :** (Section 7)

Ventilation of some part of the premises was regarded as inadequate in thirty one cases.

### **Lighting :** (Section 8)

In eight cases the lighting of some part of the premises was considered to be not sufficient or suitable.

### **Sanitary Conveniences :** (Section 9—Sanitary Conveniences Regs. 1964)

In seventy eight cases the Sanitary Conveniences were in some way unsuitable. In seven cases numbers were insufficient.

### **Washing Facilities :** (Section 10—The Washing Facilities Regs. 1964)

In forty four cases unsuitable washing facilities were provided, whilst in seven the facilities were considered insufficient.

### **Drinking Water :** (Section 11)

In three cases the supply of drinking water was inadequate.

### **Accommodation for Clothing :** (Section 12)

In four instances only was there inadequate accommodation for outdoor clothing.

### **Sitting Facilities :** (Section 13)

Suitable facilities are to be provided at suitable places for employees to sit when the opportunity arises. In nine cases none were provided.

### **Seats for Sedentary Work :** (Section 14)

Where work is, or can be done sitting, suitable seats, and where necessary, foot rests are to be provided. In all instances these provided were considered suitable.

### **Eating Facilities :** (Section 15)

Where employees in shops eat meals there, suitable and sufficient facilities are to be provided. The arrangements were unsatisfactory in one of the premises visited.



**Floors, Passages and Stairs :** (Section 16)

In seventy nine cases some cause for complaint was found. In many instances the handrail to the stairs was inadequate or non-existent, in others, worn treads, worn nosings to treads, defective floor coverings and badly worn floor boards accounted for a number of the unsatisfactory conditions.

**Fencing of Exposed Parts of Machinery :** (Section 17—The Prescribed Dangerous Machine Order, 1964)

Every dangerous part of any machinery used, as or forming part of, the equipment of premises, shall be securely fenced unless so positioned or constructed as to be safe. In eight instances machinery was found to be inadequately fenced.

**First Aid :** (Section 24—The Offices, Shops and Railway Premises First Aid Order, 1964)

A First Aid Box had not been provided at many of the premises inspected, in other cases the Box did not contain the necessary requisites and appliances. Ninety two contraventions were found, due mainly to non-replacement of used materials.

**Disposal of Sanitary Dressings :** (The Sanitary Conveniences Regulations, 1964)

At four premises the arrangements for the disposal of sanitary dressings was not satisfactory.

**Dangerous Conditions and Practices :** (Section 22)

In two cases conditions existed where there was an element of danger.

In a retail Butcher's shop the electric socket for the plug of the power mincing machine was broken and dangerous.

In a Paint and Wallpaper Store the cover of an electric light switch, in a sanitary convenience, was broken and the live terminal exposed. These conditions were remedied as soon as practicable.

**Exemption from Certain Provisions :** (Section 46)

No applications for exemptions were received or granted.

**Abstract :** (Section 50—The Information for Employees Regulations 1965)

The Regulations require an employer to keep on display an Abstract of the Act, or to give each employee a specified explanatory booklet. In one hundred and eight instances this Regulation was not complied with.

**Details and summary of contraventions found and remedied are shown in Appendix IV.**

**General**

The move of the Offices into the new Town Hall Extension, Tower Block, in June, 1969, resulted in a new system of filing concomitant with the new Administrative Organisation.

Phase II of the Central Area Re-Development was commenced towards the end of the year and I am hopeful that there will not be as many problems on this Phase as there were on Phase I.

Co-operation with the various Corporation Departments, Building Design Partnership, and H.M. Factories Inspectorate, continues to be extremely good.

Many problems have been resolved at the planning stage through the practice of examining plans deposited, and visiting, with proposed occupiers, existing premises.

N. Morris  
*Shops and Offices Inspector*

### APPENDIX III.

#### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

#### DETAILS OF INSPECTIONS DURING 1969.

CLASS OF PREMISES	Number on Register at 1.1.69.	Number of General Inspections	Total Number of Visits	Premises where Contraventions Found	Contravention Letter Sent	Verbal Intimation Given	Premises where Contraventions Remedied	Prosecutions	Accidents Notified	Accidents Investigated	No. of Premises Registered during 1969	Premises added on Re-classification	No. taken off Register during 1969	Premises subcontracted on Re-classification	No. on Register at 31.12.69	Analysis of persons employed in registered premises by workplace at 31.12.69
Offices .. .. .	309	125	233	61	45	16	49	..	3	3	42	2	27	..	326	4092
Retail Shops .. .. .	542	205	512	104	81	23	128	..	9	8	33	1	72	2	502	2857
Wholesale Shops/Warehouses	54	5	20	2	2	..	4	..	3	3	3	..	5	1	51	665
Catering Establishments ..	90	23	61	14	12	2	14	..	1	1	9	..	10	..	89	740
Canteens .. .. .	1	..	..	..	..	..	..	..	1	1	2	..	..	..	3	48
Fuel Storage Depots ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4
TOTALS ..	997	358	826	181	140	41	195	..	17	16	89	3	114	3	972	8406

# APPENDIX IV DETAILS OF CONTRAVENTIONS FOUND AND REMEDIED.

CLASS OF PREMISES	S.4	S.5		S.6		S.7	S.8	S.9		S.10		S.11	S.12	S.13	S.14	S.15	S.16	S.17	S.24	Disposal of San. dressings inadequate.	S.22	S.50																			
		Overcrowding		Temperature Inadequate	Thermometer Not Provided			Ventilation Inadequate		Lighting Inadequate													San. Conv.		Wash. Fac.		Drinking Water Not Satisfactory	Accom. for Cloth- ing not satisfactory	Sitting facilities not satisfactory	Seats unsuitable	Eating facilities Inadequate	Floors, Passages & Stairs not satisfactory.	Fencing of Mach- ery inadequate	First Aid facilities inadequate	Dangerous cond. and practices	Abstract not Displayed					
Outstanding 1.1.69 ..	117	5		42	167	52	24	244	10	117	15	Nil	14	18	9	2	257	32	203	5	1	284																			
	F	R	F	R	F	R	F	F	R	F	R	F	R	F	R	F	F	R	F	R	F	R	F	R																	
Offices ..	5	8	1	..	35	15	2	3	5	17	8	1	3	1	..	2	3	..	1	..	20	20	2	1	32	22	2	1	..	41	35										
Retail Shops ..	30	33	..	2	19	17	34	53	17	16	5	5	44	66	3	3	23	25	4	3	2	1	5	9	8	..	1	1	..	51	69	2	2	3	56	70					
Wholesale Shops Warehouses ..	..	1	..	..	1	..	2	1	..	1	2	..	1	..	..	..	..	..	..	1	3	..	..	1	2	..	..	..	..	..	..	1	..	..	1	..					
Catering Establishments	4	2	..	1	6	8	2	2	..	3	3	2	..	1	1	..	7	8	2	2	11	7	..	1	..	..	..	..	..	11	8	..	..	..	..	..					
Canteens ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
Fuel Storage Depots ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
TOTALS ..	39	44	1	3	21	17	75	78	31	20	8	11	78	89	7	3	44	38	7	7	3	1	4	9	9	9	1	1	..	79	100	8	11	92	86	4	4	2	3	108	114
Outstanding 31.12.69 ..	112	3	46	164	63	21	233	14	123	15	2	9	18	8	3	236	29	209	5	0	278																				

SUMMARY :		No. of contraventions outstanding, 1.1.69	1618
	No. of contraventions found during 1969	..	621
	No. of contraventions remedied during 1969	..	648
	No. of contraventions outstanding 31.12.69	..	1591

# INFECTIOUS DISEASES

**Table 31**

**CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR**

NOTIFIABLE DISEASE	Number of Notifications Received	Number of Cases in which Diagnosis was subsequently corrected	Corrected number of notifications	Number admitted to hospital
Meningococcal Infection .....	..	..	..	..
Typhoid Fever.....	..	..	..	..
Diphtheria .....	..	..	..	..
Erysipelas .....	..	..	..	..
Scarlet Fever .....	85	..	85	1
Typhus Fever .....	..	..	..	..
Enteric Fever .....	..	..	..	..
Puerperal Pyrexia .....	..	..	..	..
Ophthalmia Neonatorum .....	..	..	..	..
Pulmonary Tuberculosis .....	52	..	52	..
Other Forms of Tuberculosis ....	14	..	14	..
Poliomyelitis (Paralytic) .....	..	..	..	..
Poliomyelitis (Non-Paralytic) ....	..	..	..	..
Dysentery .....	20	..	20	3
Malaria .....	..	..	..	..
Pneumonia (Acute Primary and Acute Influenza) .....	..	..	..	..
Whooping Cough .....	7	..	7	..
Measles .....	702	..	702	26
Chicken Pox .....	..	..	..	1
German Measles .....	..	..	..	..
Pemphigus Neonatorum .....	..	..	..	..
Food Poisoning .....	62	..	62	8
Gastro Enteritis .....	..	..	..	65
Undulant Fever .....	..	..	..	..
Para-Typhoid .....	2	..	2	2
<b>The following Diseases were made notifiable from 1/10/68 :</b>				
Acute Encephalitis .....	1	..	1	..
Acute Meningitis .....	..	..	..	5
Anthrax .....	..	..	..	..
Cholera .....	..	..	..	..
Infective Jaundice .....	77	..	77	17
Leprosy .....	..	..	..	..
Leptospirosis .....	..	..	..	..
Plague .....	..	..	..	..
Relapsing Fever .....	..	..	..	..
Smallpox .....	..	..	..	..
Tetanus.....	..	..	..	..
Yellow Fever .....	..	..	..	..
<b>TOTALS .....</b>	<b>1022</b>	<b>..</b>	<b>1022</b>	<b>123</b>



NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED  
FROM 1959 TO 1969

Table 32

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Smallpox.....	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup) .....	.. 2	.. 2	.. 2	.. 3	.. 1	..	..	..	..	..	..
Erysipelas .....	.. 150	.. 142	.. 91	.. 92	.. 22	.. 27	.. 85	.. 154	.. 12	.. 40	.. 85
Meningococcal Infection .....	.. 97	.. 101	.. 103	.. 57	.. 75	.. 57	.. 33	.. 40	.. 17	.. 5	..
Scarlet Fever .....	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever .....	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia .....	..	..	..	..	..	..	..	..	..	..	..
Typhus Fever .....	..	..	..	..	..	..	..	..	..	..	..
Cerebro Spinal Meningitis .....	..	..	.. 2	.. 1	..	..	.. 31	..	..	..	..
Polioomyelitis (Paralytic) .....	..	..	..	..	..	..	.. 29	..	..	..	..
Polioomyelitis (Non-Paralytic) ..	.. 51	.. 30	.. 48	.. 33	.. 33	.. 38	.. 35	.. 24	.. 26	.. 35	.. 52
Pulmonary Tuberculosis .....	.. 9	.. 6	.. 3	.. 4	.. 2	.. 7	.. 4	.. 12	.. 12	.. 16	.. 14
Other forms of Tuberculosis ..	..	..	.. 8	.. 13	.. 14	.. 1	.. 2	..	.. 1	.. 1	..
Ophthalmia Neonatorum .....	.. 443	.. 1062	.. 1057	.. 1364	.. 606	.. 454	.. 925	.. 1121	.. 260	.. 450	.. 702
Measles .....	.. 342	.. 172	.. 244	.. 246	.. 119	.. 201	.. 85	.. 117	.. 52	.. 40	.. 20
Encephalitis Lethargica .....	..	..	..	..	..	..	..	..	..	..	..
Dysentery .....	.. 45	.. 25	.. 35	.. 11	.. 8	.. 3	.. 8	.. 3	.. 1	.. 4	..
Malaria .....	..	..	..	..	..	..	..	..	..	..	..
Pneumonia .....	.. 47	.. 234	.. 56	.. 4	.. 62	.. 38	.. 4	.. 1	.. 32	.. 8	.. 7
Diarrhoea .....	..	..	..	.. 1	.. 3	..	..	..	.. 1	.. 1	.. 2
Whooping Cough .....	..	..	..	..	..	..	..	..	..	..	..
Paratyphoid B .....	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever .....	..	..	..	..	..	..	..	..	..	..	..
TOTALS .....	1486	1779	1650	1829	946	827	1241	1473	415	600	882



# **NATIONAL ASSISTANCE ACT SERVICES**

## SOCIAL SERVICES FOR THE AGED AND HANDICAPPED

The modern town dweller is so used to the Social Services that he forgets that most of them are of comparatively recent growth. During the whole of the 19th Century provision for the welfare of the individual was limited to the Poor Law which was administered with a rigour and harshness truly in accordance with the spirit of the times. Up to the Poor Law Amendment Act of 1834, the Unit of administration was the Parish which usually did not possess the resources to deal with the problems posed. The Laws of Resettlement restricted the mobility of labour at a time when this was in open conflict with the requirements of industry. Poor relief was administered in anti-social ways and there was no body of expertise on the needs of individuals with diseases, handicaps or debility and virtually no concept of the possibility of rehabilitation. Widespread unhappiness and discontent eventually produced enough pressure to force through the Reform Bill 1832 and the Municipal Corporations Act of 1835, and in 1832 a Commission of Enquiry into the Poor Laws. Chadwick, as the most dynamic of the Commissioners introduced the idea of supervision and control by a Central Government department over all the local services by means of inspectors, a philosophy about to be re-introduced within the aegis of the Crossman administration through the Local Authority Social Services Bill and the second Green Paper on the Health Services.

The Royal Sanitary Commission of 1869 made the important recommendation that Poor Law and Public Health should be presided over by one Minister, as is to be achieved again within the present Department of Health and Social Security arrangements.

It is interesting to look back on the situation that then obtained in 1871 with the enforced association of the Public Health Service with the Poor Law under the Local Government Board, when Simon criticised the past policy of the Poor Law Board because even in relation to medical matters such as workhouse infirmaries and vaccination, it had relied on and given too much power to lay inspectors.

A strong Medical Department at the Local Government Board could have been of great assistance to the Poor Law side of the work which was developing year by year more responsibility for hospitals and other medical services. But the layman's jealousy of the Medical Administrator stood in the way and in 1876 Simon resigned his appointment as Medical Officer to the Board. As a consequence, workhouse infirmaries were badly equipped and badly staffed with the result that medical work was often inefficiently performed and an image was created which has not yet been dispelled and caused the Consultant hierarchy to move resolutely away from Local Government at the setting up of the National Health Service in 1946. Up to 1894, the Boards of Guardians not only undertook such functions as vaccination, and the provision of hospital and domiciliary medical services, but also in rural areas acted as local Sanitary Authorities and employed part-time Medical Officers of Health. It wasn't until the Local Government Act of 1929 that the organisation of Public Health and Hospitals could be brought under one Authority and this at a time when the trade slumps, effect of the National Strike, and Cotton Recession made it financially impossible before the outbreak of the Second World War to invest any large capital to correct the manifest defects.



The relief of distress remained unorganised and inadequate, and the image of Bumbledom persisted despite the Minority Report of the Royal Commission, advanced by Beatrice Webb, which led eventually to the belief that the community had inescapable responsibilities towards each individual in it thus enabling proper Welfare Services to be established.

The integrity of the Poor Law administration was maintained, despite the influences of the creation of the Ministry of Health in 1919, and the Local Government Act 1929, until the end of the Second World War when the National Health Service Act of 1946 and the National Assistance Act of 1948 attempted to rationalise care of those needing Welfare Services.

## **WELFARE SERVICES**

### **The Powers and Duties under the National Assistance Act 1948**

- (1) Provision of residential and temporary accommodation under Part III of the National Assistance Act, 1948 (including the provision of accommodation in premises maintained by voluntary organisations).
- (2) Welfare arrangements for blind, deaf, dumb and crippled and handicapped persons (including the employment of, and grants to voluntary organisations for disabled persons, Welfare or Old People's organisations) under Part III of the Act.
- (3) Registration and inspection of disabled persons or old persons' homes.
- (4) Registration of charities for disabled persons.
- (5) Removal of persons in need of care and attention.
- (6) Temporary protection for property of persons admitted to hospitals.
- (7) Burial or cremation of certain dead persons.

The setting up of services under the National Assistance Act by the creation of Welfare departments was dependent on the absorption of the existing lay relieving officers and the existing "know-how" and inevitable policy changes were slow to evolve.

The Welfare Services Committee made an arrangement with the Manchester Regional Hospital Board to provide accommodation in the General Wards, Infirm Wards, and the Bungalow at Queen's Park Hospital, to be designated as Part III Accommodation within the meaning of the National Assistance Act. The bed complement was to include Temporary Accommodation, accommodation for County Cases, Aged, Physically and Mentally Infirm, Blind or Partially Sighted, Epileptics and Cripples, and the Welfare Services Committee acted as agents of the National Assistance Board in also providing a "Reception Centre" for persons without a "settled way of living."

Chart 1

# QUEEN'S PARK HOSPITAL—PART III ACCOMMODATION NUMBER OF PERSONS ACCOMMODATED

	County Borough Cases				County Cases		Borough & County Cases			
	Men	Women	C'ren	Men	Women	C'ren	Men	Women	C'ren	Total
At 5th July, 1948	94	81	—	35	55	—	129	136	—	265
No. admitted from Hospital	58	45	2	15	15	—	73	60	2	135
No. admitted from Home	76	51	11	19	24	1	95	75	12	182
No. admitted from Reception Centre	30	—	—	2	1	—	32	1	—	33
	258	177	13	71	95	1	329	272	14	615
No. discharged to Hospital	55	49	2	12	18	—	67	67	2	136
No. discharged Home	94	35	9	20	20	1	114	55	10	179
Died	3	3	—	—	2	—	3	5	—	8
At 31st December, 1949	106	90	2	39	55	—	145	145	2	292

## Temporary Accommodation (included in above figures)

	County Borough Cases				County Cases		Borough and County Cases			
	Men	Women	C'ren	Men	Women	C'ren	Men	Women	C'ren	Total
No. admitted	5	15	13	1	4	1	6	19	14	39
No. discharged	4	13	11	1	4	1	5	17	12	34
No. accommodated, 31st Dec., 1949	1	2	2	—	—	—	1	2	2	5

## Chart 2

### QUEEN'S PARK HOSPITAL — RECEPTION CENTRE

Admissions during each month from 5th July, 1948

			Men		Women	Children	Total
July	1948 (27 days)		287	..	15	..	302
August	„	.. ..	408	..	4	..	412
September	„	.. ..	368	..	12	..	380
October	„	.. ..	455	..	6	..	461
November	„	.. ..	373	..	8	..	381
December	„	.. ..	473	..	10	..	483
January,	1949	.. ..	379	..	9	..	388
February	„	.. ..	375	..	13	..	388
March	„	.. ..	346	..	9	..	355
April	„	.. ..	459	..	16	..	475
May	„	.. ..	425	..	10	..	435
June	„	.. ..	383	..	4	..	387
July	„	.. ..	353	..	14	.. 12	379
August	„	.. ..	443	..	12	.. 4	459
September	„	.. ..	354	..	6	..	360
October	„	.. ..	368	..	12	.. 1	381
November	„	.. ..	397	..	13	..	410
December	„	.. ..	345	..	5	..	350

Charts I and II indicate the situation after the first full year of working under the new arrangements.

The hospital provided dining, laundry, chiropody and at first medical services which were subsequently transferred to a General Medical Practitioner. So far as the Reception Centre was concerned, there were recurring difficulties with verminous infestations, infectious disease and alcoholism and the Medical Staff of the hospital supervised sanitary arrangements.

In 1951, the Corporation acquired "West Bank," 92 Preston New Road, for £3,250 and modified it to accommodate 23 aged persons. By December, 1951, there were 1,163 aged persons on the register of old people in the Borough and a total of 10,694 visits were made by the Welfare Officers to aged persons in their homes, *i.e.* about once every five weeks, and a variety of helpful supportive services were provided.

By 1955, there were two small homes, West Bank and Hillside, with a total of 41 available beds in addition to those in the Queen's Park Hospital Part III accommodation and suggestions were made for subsequent enlargement of Hillside from 19 to 35 beds. The number of residents from Lancashire County in Park View declined from 90 to 66. Eight thousand, seven hundred and twenty-five visits were made to aged persons on the register of whom there were 1,291. In 1962, two purpose built hostels, with 47 beds in each, were opened to serve the Shadsworth and Fenisccliffe areas, bringing the available places to:

<i>Establishment</i>	<i>Men</i>	<i>Women</i>
Park View .. ..	104	94
Hillside .. ..	—	35
West Bank .. ..	9	15
Shadsworth House .. ..	19	28
Fenisccliffe Bank .. ..	19	28
	<hr/> 151	<hr/> 200

Total 351 places including 11 County Cases.

In 1962, the Blackburn Local Authority decided to bring the Welfare Services within the purview of the Medical Officer of Health and this was effected in 1963.

The year 1963 represented a transition year between the independent welfare departmental work and that envisaged in the Committee decisions of 1962 to re-organise Welfare functions within the framework of a new and combined Health and Welfare Department.

The two periods were characterised by widely differing philosophies of approach some of which began to emerge in policy in 1963.

The earlier period was very largely a passive one in which the policy was shaped in response to directive from Central Government, a slow evolution from the pre-1948 Poor Law through the new decor of the 'Chromium plated Poor Law' in which was invested no new imaginative creative image. If anyone is in doubt as to the validity of this criticism let him think seriously of the pattern of care of the aged from 1950 to 1962 and observe the continuance of the abhorrence of institutional care manifest in the older members of the community, the reluctance to enter hostels until forced by circumstance so to do, the apathetic sitting round the walls of the aged in such institutions, the virtual absence of the rehabilitative attitudes envisaged in the Piercy Committee Report and a community visitation service based on 'date frequency' rather than selectivity linked to need, working in a vacuum rather than supported by a comprehensive team of trained workers.

These defects were symptomatic of the service rather than in any way attributable to individuals. Indeed, the administrative framework imposed limitations which devitalised the service.

In 1963, the breakout from this untenable position commenced with the planning of a new type of hostel for the aged. This Hostel, to be called 'Burnside' was to serve a circumscribed area near the Western limits sited at Burnley Road and involving parts of St. Jude, Trinity and St. Thomas Wards. Burnside was to be the focal centre for a population within a half mile radius of approximately 10,000 with something like 1,500 persons over the age of



65 years, one third of whom lived alone; the area was to have 1st, 2nd and 3rd tier arrangements for the aged, namely :—

*1st Tier:* Old persons living in ordinary town accommodation, being fully independent and quite capable of coping.

*2nd Tier:* Old persons living in specially built accommodation for the aged, being semi-dependent and able to call upon the resources of supervisory staff from the adjacent hostel via an intercommunication system.

*3rd Tier:* Old persons living in Part III accommodation on a fully dependent basis.

All three were to be subject to visitation on a selective basis by Medico-Social Workers responsible for mobilising resources to meet their needs in conjunction with the family doctor.

The Medico-Social Workers were to link up with the fourth tier arrangements for the aged, namely, the geriatric hospital and consultant service, by regular weekly liaison sessions with the Geriatrician at his Queen's Park Hospital Out-Patient, Day Hospital and Ward sessions so as to inform the Consultant of developing situations relating to his waiting list patients, to seek his advice and to be informed of after-care requirements of patients discharged.

The new arrangements had a clear purpose in view and were designed to achieve certain specific objectives, namely :—

- (1) To deal with the total problem of ageing in the community in a comprehensive manner.
- (2) To enable aged persons in the area to be invited into a modern hostel to partake of meals and enjoy social amenities and thus to dissipate any existing apprehensions they might have about such places.
- (3) To enable aged persons to be admitted for holiday relief on a short-term basis.
- (4) To provide a centre from which 'Meals on Wheels' could be distributed to needy cases in the defined area in conjunction with a team of voluntary workers who would identify themselves with the hostel, and the aged to be served would then assume a more beneficent intimate relationship with the health team and the aged; in contra-distinction to the previous arrangement where voluntary workers distributed meals from a food centre to aged persons scattered throughout the town and were thus denied the opportunity to establish lasting relationships.
- (5) To provide a clinic centre where the medical-auxiliary team of Physiotherapists, Chiropodists and Occupational Therapists could attend to the needs of the aged from the 2nd and 3rd tier accommodation.
- (6) To develop a more flexible approach to the movement of ageing persons between the various tier arrangements, to encourage physical and mental activity and to utilise rehabilitative services.

These changes were to parallel changes in the Community Health Services as the existing child welfare clinics in rented halls on a sessional basis are to be replaced by family welfare clinics, purpose-designed and owned by the Corporation. This will enable the Health Education facilities and social club activities for the ageing so well utilised at Glenluce Clinic on the Shadsworth estate to be reproduced throughout the town as part of the total family care services envisaged in conjunction with the family doctors at Health Centres.

The real size of the problem of ageing in Blackburn has never been previously assessed but that it is substantially greater than many imagined is demonstrated by analysis of the following Tables 33 and 34 which relate to the Census report of 1961.

It will be seen from Table 33 that there were 7,750 persons aged 65 years and over on the East Division of the town and 7,463 such persons on the West. To these should be added a further 1,849 females aged 60-64 years on the East and a further 1,884 such females on the West to give a total of males and females who had reached retiring age of East 9,419 and West 9,347—a grand total of 18,766 retiring age Blackburnians.

Table 34 demonstrates that 2,143 aged persons were living alone on the East Division and 2,227 on the West.

As these figures relate to the year 1961 the situation in 1963 was rather enhanced by the fact that more people came into the relevant age groups by virtue of ageing than were removed from the group by mortality and this enhancement is likely to creep up unless there is some quite unforeseeable influence in the next decade. The 1961 figure of 18,766 retiring age in a total population for that year of 106,242 gave a proportion of 17.6% which is relatively high compared with the National average and the average for Lancashire as a whole.

The capacity to cope in the community is dependent on many factors but the degree of helpfulness or adversity of the environment is extremely important.

The figures in Table 34 show that many environmental factors were indeed very adverse and to these may be added the nature and quality of housing. A large proportion of houses in Blackburn have no cavity walls, no damp courses, defective roof weather protection and flag flooring; the staircases are often unlighted and have no natural illumination and changes of direction are effected by outdated 'winders' which constitute a serious hazard to the aged.

All of these matters show that we have not reached a position that permits of complacency. If we are to arrive at the ideal where the maximum number of old people can happily live independently in the community, the environment must be modified to render it more benign and the supportive services deployed more constructively. It is in my opinion equally important to modify the educative services to prepare in the school years for citizenship with a continuum of adult education culminating in "preparation for retirement." Only then will the extra years of expectation of life be worthwhile living rather than the mediocrity of existence experienced by so many.

### **Residential Accommodation**

In 1963, the need for residential accommodation continued to grow, and the provision of places in hostels was not keeping pace with this growth. There were still 183 residents in Park View on the 31st December, 1963, and a list of more than 50 awaiting admission to hostels. A number of those on the list were in desperate need of care and attention.

TABLE 33

Population by 5-year Age Groups, Divided by Sex, for the various Wards

FIVE YEAR AGE GROUP	EAST DIVISION										WEST DIVISION										Total									
	St. John		St. Jude		St. Matthew		St. Michael		St. Stephen		St. Thomas		Trinity		TOTAL	Park		St. Andrew		St. Francis		St. Luke		St. Mark		St. Paul		St. Silas		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M		F	M	F	M	F	M	F	M	F
65-69	119	204	155	256	132	233	174	283	151	225	182	282	120	258	2774	163	282	174	237	151	237	130	206	142	256	125	213	122	193	2631
70-74	87	169	102	191	105	188	130	239	91	156	155	260	103	217	2193	117	217	132	211	114	209	102	167	109	248	86	171	116	196	2195
75-79	63	110	65	120	72	121	75	127	72	113	114	191	79	140	1462	81	153	67	122	87	160	69	135	69	181	50	108	56	147	1485
80-84	23	59	40	75	21	52	42	63	37	81	90	148	27	61	819	42	98	32	73	37	60	31	63	43	131	18	62	55	94	839
85-89	7	16	10	15	7	18	15	21	6	19	39	63	7	16	259	14	26	13	23	7	21	14	12	11	46	7	18	11	41	264
90-94	1	5	3	2	1	4	..	5	1	5	3	20	2	2	54	3	2	2	6	..	4	1	6	3	6	..	3	1	7	44
95%	..	2	1	..	..	..	..	..	1	..	1	4	..	..	9	..	..	..	..	..	..	..	..	4	..	..	1	..	5	
TOTAL	300	565	376	659	338	616	436	738	359	599	584	968	338	694	7570	420	778	420	672	396	691	347	589	377	872	286	575	362	678	7463
	865		1035		954		1174		958		1552		1032			1198		1092		1087		936		1249		861		1040		

Plus Females age 60-64 years .. .. 1849  
7570  
9419

Plus Females aged 60-64 years .. .. 1884  
7463  
9347

Combined Total, East and West, over 65 years .. .. 15,033

Combined Total, East and West, having reached retirement age 18,766

**TABLE 34**  
**Household Amenities, by Number and Percentage for the various Wards,**  
**Aged and Living Alone by Wards, and the Total Household by Wards**

	EAST DIVISION								WEST DIVISION							
	St. John	St. Jude	St. Matthew	St. Michael	St. Stephen	St. Thomas	Trinity	Park	St. Andrew	St. Francis	St. Luke	St. Mark	St. Paul	St. Silas		
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
Aged Living Alone	46 243 (289)	42 249 (291)	57 253 (310)	51 300 (351)	42 170 (212)	53 300 (353)	43 294 (337)	60 324 (384)	58 230 (288)	48 286 (334)	61 282 (343)	27 257 (284)	47 270 (317)	38 236 (274)		
Total Households	2257	3557	2520	3071	2483	2628	2555	3346	2830	2889	2493	2340	2305	2384		
Households with no fixed bath	1356 60.08	484 13.61	1762 69.92	1053 34.29	262 10.55	1006 38.28	1882 73.66	1217 36.37	902 31.87	1439 49.81	1670 66.99	402 17.18	1385 60.09	150 6.29		
Households without running hot water	1017 45.06	344 9.67	1176 46.67	715 23.28	156 6.28	691 26.29	1299 50.84	897 26.81	578 20.42	1053 36.45	1245 49.94	292 12.48	1058 45.90	117 4.91		

Total Living Alone East Division — 2,143

Total Living Alone West Division — 2,227

Combined Total — 4,370



At the end of the year, 334 residents were accommodated in the five local authority hostels. This included eight from the area of the Lancashire County Council. Compared with a total of 175 Blackburn residents accommodated in 1948, this represented an increase of 86% in the number of Blackburn residents in the hostels. This percentage would have been considerably increased had there been sufficient places available in hostels for all who needed them. Thirty-seven and a half per cent of the residents were between 70 and 79 years of age, and 42% were 80 years of age and over, including 13 over 90. One resident of Shadsworth House was 100 years of age. The average age of all the residents was 77, 12 years higher than in 1948.

In 1966, the accommodation situation was reviewed and it was considered that really hard decisions must be made about the closure of the old Poor Law Institution at Park View or it would go on indefinitely. Table 35, attached, was presented to Health Committee and a policy decision made to build a new Hostel yearly on the Crosby Road, King Street and Griffin sites, with a view to being in a position at the end of 1970 of having 418 places and having dispensed completely with Park View.

Unfortunately, two decisions subsequently retarded progress in the schedule:

- (a) The political decision to take the building of the Crosby Road Hostel elsewhere than to the firm of building contractors already on the site completing the linked flats.
- (b) The decision that Griffin site for which plans had been prepared could not be used for the purpose of a hostel.

The situation at July 1969 was that Crosby Road Hostel, scheduled to be opened in the Spring of 1968, was brought into occupation in the Summer of 1969; that King Steet Hostel, scheduled for opening in 1969, was just commenced building; that a site for a third hostel to replace Griffin having been searched for where it is most urgently needed, namely on the Birley Street Clearance Area, was to date not yet allocated.

In 1967, an attempt was made to initiate a medical survey of residents in Park View and the following statistics show the situation in Park View and confirm that the increasing average age of residents carries with it the concomitant expectation of increased morbidity and deterioration in both physical and mental capacity.

				Died in Park View				Discharged to hospitals				Admitted from hospitals			
				M.	F.			M.	F.			M.	F.		
Average for years															
1964/5/6/7/	..	23	..	34	..	15	..	18	..	20	..	30			
				57				33				50			
Year 1967 (December)															
Number of residents very confused								..	..	..	44				
Number incontinent day and night								..	..	..	46				
Number physically handicapped with wheelchairs								..	..	..	21				
Number physically handicapped with other aids								..	..	..	21				
Number needing help in washing								..	..	..	36				
Number needing help in feeding								..	..	..	13				
Number needing help to go from place to place								..	..	..	64				
Number needing only very little attention								..	..	..	35				
Total beds in occupation								..	..	..	140				

In the Autumn of 1965, the Ministry of Health advised the Regional Hospital Board that they should take the initiative in convening Joint Planning Groups of Officers and General Practitioners to deal with Care of the Elderly. The first meeting of such a Planning Group for the Blackburn and District areas was arranged for April, 1967, and virtually coincided with the publishing in May, 1967, of the findings of Dr. J. Mackay and Mr. S. Ruck in their joint survey of the Care of the Aged in the Manchester Regional Hospital Board Area.

In October, 1967, I produced the following comments on the Regional Hospital Board interpretation of the situation as propounded in the Mackay/Ruck Survey.

### Size of Problem

#### BLACKBURN COUNTY BOROUGH:

Persons aged 65 years and over at 31/12/66	.. ..	15,483
Females aged 60-64 years inclusive (approx.)	.. ..	4,003
Total persons beyond retirement age..	.. ..	19,486
Total Borough population	.. ..	101,790
% of population over 65 years	..	15.2%
% of population over retirement	..	19.1%

If the arbitrary standard of 10 beds per 1,000 persons aged 65 years and over is adopted the County Borough need for Geriatric beds would be 160. As the Hospital Group also supplies the needs of the No. 5 County Division I have made certain assumptions re population in this Division which may not be precisely accurate, namely that the population of 145,000 carries approximately 18½ thousand persons over the age of 65 years, and requiring on the standard of 10 beds per 1,000 such persons over 65 years, 185 beds.

The total Group Geriatric needs being then  $185 + 160 = 345$  beds  
The actual beds for 'Group' Geriatrics expressed at end 1964 was 383

If therefore, the above standard of 10 beds per 1,000 over 65 years were to be accepted, the Blackburn and District Group Geriatric beddage is adequate numerically.

### Nature of Problem :

It is my contention that the environmental and other factors, including morbidity expectation, in Blackburn, are substantially different from the country as a whole and therefore National averages are not applicable, and in particular the arbitrary National standard of 10 beds per 1,000 over the age of 65 years is not relevant to Blackburn needs.

	ULTIMATE 1970		1967		1968		1969		1970		1970
	M	F	M	F	M	F	M	F	M	F	
HILLSIDE ..		35									
WEST BANK ..		43									
SHADSWORTH ..	17	28									
FENISCLIFFE ..	19	28									
BURNSIDE ..	19	30									
LANESIDE ..	19	30									
CROSBY ROAD ..	74	194	74	194	74	194	74	194	74	194	
KING STREET ..	10	40	10	40	10	40	10	40	10	40	
GRIFFIN ..	10	40	0	0	0	0	0	0	1k	40	
PARK VIEW ..	0	0	60	80 (34%)	50	50 (24%)	50	50 (24%)	10	40	
	104	314 418	134	274 408	134	284 418	134	294 428	104	314 418	
			Assume that wef. April 1967 Committee give approval to reduce beds in Park View to 60 male 80 female		Assume that on opening Crosby Road 10 males and 30 females are transferred from Park View and 10 females are admitted from waiting list.		Assume that on opening King Street 10 males and 30 females are transferred from Park View and 10 females are admitted from waiting list.		Assume that on opening Griffin those residents in Park View assessed as clinically <i>patients</i> be transferred to Queen's Park Hospital with Park View building.		re-assess need and continue pattern of one Hostel per year as required.
									The residue of residents to be transferred to Griffin and Griffin filled from waiting list.		
									Estimate 30 males and 20 females to Q.P.H. 10 males (Park View) and 40 females (Community) to Griffin.		



For example :

(a) There is a very high level of seriously substandard housing (not less than 10,000). These are classical examples of the unplanned "Industrial Revolution" development with absent damp courses, absent cavity walls, flagged floors, defective guttering and roof construction and consequent poor weather-protection qualities.

(b) Lack of housing amenities (1961 Census).

10,811 houses without or share a hot water supply

15,287 houses without or share a fixed bath

1,755 houses without or share a water closet

Large numbers of houses with changes in direction in the stairs effected by 'winders' without any stair illumination or handrail, to constitute a serious hazard to the aged.

(c) Blackburn has a high humidity and high rainfall (43 inches per year) associated with atmospheric pollution, and these are conducive to high morbidity from Bronchitis, whilst the cotton industry has added its quota of lung damage from Byssinosis.

(d) The historical fact of a very high employment rate of females in local industry for over a century has created diminished expertise in domestic know-how and so created inadequacies in the 'Home Help' service locally, which might otherwise have contributed more effectively to community management of the Geriatric problem without resort to the hospital.

### Comments :

1. In my opinion the quality of Hospital Geriatric Services leaves a lot to be desired, whatever the number of beds. There should be appointed a Consultant Geriatrician with adequate resources, in harmony with contemporary thinking, *i.e.* with a *modern* diagnostic unit supported by pathology, x-ray and medical auxiliary teams and backed by longer stay units peripherally placed in the aggregates of population served, so that neighbours and relatives, General Practitioners and Social Workers can maintain community links. The long-stay beddage should be in high grade modern wards supported by the *most competent* nurses and not enthusiastic amateurs, and again helped by adequate medical auxiliary resources.

Briefly, quality is more critical than numbers, and to this end capital investment is of a very high order of priority to achieve the up-grading.

In so far as admission to Geriatric hospital beds is concerned, the Ministry of Health Memorandum dated 15th September, 1965, relating to the "Care of the Elderly in Hospitals and Residential Homes" Paragraph 8, defines quite reasonably the categories needing such care, and I would be happy to abide by this definition.



## 2. THE LOCAL AUTHORITY CONTRIBUTION

The supportive visitation of aged in the community has escalated since Welfare became a function of the Health Department as follows:

Health Visitor (Medico-Social Worker) visits to the aged

1963	..	6,705	visits per annum
1964	..	11,048	„ „ „
1965	..	18,009	„ „ „
1966	..	21,831	„ „ „

This constitutes 38% of their case load (c.f. Lancashire County 4%, Stockport 5.6%) and this is in addition to visits carried out by a Lay Male Welfare Officer to aged males in Blackburn County Borough.

A further 77/97 sessions per annum are devoted to attending the Geriatrician's hospital wards and out-patients for purpose of liaison.

Approximately 2,000 hours of Home Help time is devoted per week

Approximately 22,000 meals are served per annum into the Community.

Approximately 900 Physiotherapy treatments are given in Hostels

Approximately 33,000 Chiropody treatments are dispensed per annum

In April, 1967, 408 places in Part III Accommodation were provided by the Local Authority, i.e. 26 places per 1,000 over the age of 65 years. Of these places, 140, i.e. 34% were in Public Assistance Institution. In April, 1970, the total places will be 418, and it is anticipated that 0% will be in Public Assistance Institution.

In April, 1972, the total places will be 518, i.e. 32 places per 1,000 over 65 years for an estimated (over 65 years) population of 16,000. None of these places will be in other than modern up-graded or purpose-built accommodation, as compared with the anticipated National proportion of 11% in Public Assistance Institutions, and only 20 places per 1,000 over 65 years.

In addition it is hoped that the Part III (Tier 3) accommodation will be backed by approximately 244 units of (Tier 2) supervised accommodation with inter-communication linkage to the 3rd Tier.

Whatever the role of the Part III Accommodation, it is certainly not envisaged as being in any way a substitute for or alternative to hospital services. It is staffed by lay personnel without nursing training, and has no resident or on-call medical coverage other than the General Medical Practitioners of the residents' choice. In other words it is merely supervised grouped homes."

In 1968, I reported specially on the problems of the aged and include this report in this historical review as follows :

## CARE OF THE AGED.

(Extract from my Report for 1968)

At the last population review in 1966, there were in England and Wales about 6 million persons aged 65 and over, *i.e.* approximately 12% of the total population.

In Blackburn we had 15,483 persons over the age of 65, *i.e.* 15.2%. By 1968 the proportion had gone up to approximately 16%. In every Ward the number of women surviving beyond 65 years was significantly higher than men, and of those living alone the disproportion was three to one in favour of the female outliving the male. Many medical and social factors have contributed to the possibility of a rising proportion of individuals realising their potential life span of "three score years and ten" but the same factors have not made an equivalent impact in extending this span nor in raising the quality of fitness to enjoy extended years.

The death rate among persons aged 65 years and over has fallen 22% over the past 60 years, from 83 per 1,000 at 1905 to 65 per 1,000 at 1965. Nevertheless, the expectation of life *at age 65 years* has only increased from 10 years in 1892 to 12 years in 1962. This contrasts with the expectation of life *at birth* which was for male only 44 years in 1892 and 68 by 1962.

The pathological processes which affect the aged are, unlike the infectious diseases, not responsive to antibiotic and chemotherapy and certainly demonstrate the fallability of traditional curative medicine which has become more and more dependent on such limited therapeutic agents. The degenerative diseases not only reduce the physical and mental activity of the aged in their declining years but are also the principal cause of mortality, in particular cardio vascular diseases. The deleterious environmental factors as yet so imperfectly identified which are carcinogenic in effect, make their invidious presence felt as the "exposure to risk" period lengthens in those who survive so that for all deaths occurring in males aged 65-74 years, diseases of heart and arteries account for 37% and cancer for 24%. (The figures for females are virtually the same).

In Blackburn in 1968, out of the 449 total deaths aged 65-74 years, 19% were due to Cancer and 52% to vascular disease so that between them these two groups accounted for 71% of such deaths.

Cancer of the lung and bronchus accounted for approximately 8% of the deaths of males aged 65-74 years whilst coronary disease accounted for no less than 32% and the Bronchitis/Pneumonia group for 18%. All types of external causes including motor vehicle accidents and suicide accounted for 2% of male deaths at this age.

The 1958 Report of the General Register Office on Morbidity Statistics from General Practice indicated that the 12% of National population aged 65 and over were making 21% of the consultation demands on the G.P. service. Further surveys for the United Kingdom in 1966 seemed to indicate an 18% consultation rate per annum. Whichever is correct if applied to the Blackburn population structure would show that the Geriatric Age Group impose a 24-28% consultation level on the family doctor. It is equally certain that referrals to the hospital service by the General Practitioners from this age grouping imposes heavy demands on geriatric beds.

Acute episodes in old people such as Bronchitis, Pneumonia, and fractures, have an upward trend in the winter conditions of January, February, March, which tends to take up available acute beds in the various specialties followed by a re-distribution activity when the emergency is over to either Geriatric beds or hostels. Occasionally the upward trend of acute bed take-up is sufficient to disrupt the capacity to deal with selective admissions of various specialties so that waiting lists lengthen. The vulnerability of the 19,000 persons in Blackburn County Borough who are beyond retirement age is one reason why the arbitrary Ministry figure of ten geriatric beds per 1,000 persons over the age of 65 years should be departed from in favour of a more flexible approach in harmony with local conditions. There is a need for reserve beds to give the Geriatrician elbow room to develop rehabilitative services just as there is need for the local authority hostel programme to have built-in reserve capacity to enable relief to be given to families, neighbours and indeed Field Workers by admission of necessitous cases for temporary/holiday care.

Environmental background whilst improving steadily, still left a lot to be desired in 1968. There were many houses without damp courses, without cavity walls, with inadequate weather resisting roofs and floors and therefore subject to serious dampness. Many of the traditional houses had staircases unilluminated, without hand rails and with changes of direction effected by "winders" rather than at landings so constituting serious hazards for the aged as did the lack of amenities.

Amenities All Households	Hot Water		Fixed Bath		W.C.	
	Shared	None	Shared	None	Shared	None
1961 Census	173	10,638	315	14,970	386	1,369
1966 Census	140	6,950	230	11,030	390	140

Of the households with *exclusive* use of a Water Closet:  
17,820 were inside                      17,090 were outside

Of the households with *shared* use of a water closet:  
230 were inside                      160 were outside

Approximately one third of those persons aged 65 years and over had no relatives at home or living near but fortunately many had found family substitutes in "good neighbours."

It has been inevitable that demands on the Local Authority Welfare and Health Services have escalated over the past decade and fortunate that integration of the National Assistance Act provisions with those of the National Health Service provisions took place in 1964 as the following Tables show.



# VISITS TO OLD PERSONS

(Extract from 1968 Report)

WELFARE SERVICES			HEALTH AND SOCIAL SERVICES				
	1961	1962		1965	1966	1967	1968
Visits by Welfare Officers .. .. .	17,000	16,550	Visits by Medico-Social Workers ..	20,250	22,254	23,686	21,876
<b>CASE LOAD 1,665</b>			<b>CASE LOAD 4,421</b>				
<b>Supplementary Services Covering Old Persons</b>							
Meals on Wheels .. .. .	16,096	15,351		16,584	18,699	18,710	18,535
Meals supplied at Hostels to Non-Residents	—	—		797	2,753	8,715	9,278
Treatments by L.A. Chiropodists .. ..	—	480		3,945	4,150	4,209	2,489
Treatments under Private Chiropodists' Scheme	—	—		17,761 (9 m'ths only)	28,371	33,022	15,159 (3 m'ths only)
Visits by District Nurses to Patients aged 65 +	50,873	45,955		49,315	42,062	31,252	31,769
Physiotherapy Treatments at Hostels ..	—	135		807	885	192	—
						Physio-therapist left	
Total Items of Service .. .. .	83,969	78,471		109,459	119,174	119,786	99,106
Of Which provided by Health Department ..	66,969	61,921		109,459	119,174	119,786	99,106



# MEDICO SOCIAL WORKERS VISITS RELATED TO GERIATRICS

(Extract from 1968 Report)

	1963		1964		1965		1966		1967		1968	
	East	West	East	West	East	West	East	West	East	West	East	West
Care and After Care .. ..	1924	814	1685	1246	3913	1687	4621	2708	4778	3382	4278	3220
Aged .. ..	2158	1452	4261	3588	7053	5033	7554	5594	7136	6629	6448	6774
Special Hospital Requests ..	168	189	154	114	167	154	250	176	223	191	285	258
TOTALS .. ..	4250	2455	6100	4948	11133	6874	12425	8478	12137	10202	11011	10252
GRAND TOTAL ..	6705		11048		18007		20903		22339		21263	
Geriatric Clinic Sessions ..			63		96		77		67		92	
Chiroprody Visits .. ..					1236 (2051)	815	499 (1055)	556	471 (972)	501	58 (191)	133
Hostels Visits .. ..					94 (192)	98	160 (296)	136	205 (375)	170	246 (422)	176
GRAND TOTAL ..	6705		11048		20250		22254		23686		21876	
All Visits by M.S.W's ..	29499		36883		57922		58679		67728		69909	
% For Geriatrics .. ..	23%		29%		37%		38%		35%		31%	

This enabled not only numerically more items of service to be provided for the aged but also enhanced the efficiency to ascertain need and permitted a more logical recognition of the clinical problems of ageing and the deployment of medical, nursing, and medical-auxiliary resources to meet those problems. The closer association of the family doctor service with those of the Local Health Authority in Sec. 21 Health Centres, three of which began functioning in 1968, ushered in further co-ordinated geriatric service potential, which it is hoped to develop shortly. In particular it should be possible to compile a register of persons over the age of 65 years and with mutual goodwill be in a position to assess their needs and wishes for purposes of planning and developing services. Two such services are (1) Assessment Screening Clinics and (2) "Preparation for Retirement" Courses, and both could make a serious contribution to eradicating some of the more unsatisfactory factors of ageing."

At the time of writing this Annual Report the Hostel situation is that the Crosby Road sited hostel (Longshaw Hostel) is fully operational, the Montague Street sited hostel (Kingsway) is completed and about to be occupied, the Pearl Street sited hostel (unnamed) is about to commence building and should be complete by July 1971 to allow it to be used during the Blackburn holidays for short-term holiday relief before being occupied by its permanent residents.

The Park View institution is about to be reduced to a combined male/female unit of approximately 50 places which will occupy only the original female accommodation, the male accommodation being handed back to the hospital service.

**TABLE 36 Hostels for the Aged**

	Park View				West Bank			H'side		Shadsworth Hse			Fenisccliffe Bank			Burnside			Laneside			Longshaw			TOTAL		
	M.	W.	C.	Total	M.	W.	Total	W.	Total	M.	W.	Total	M.	W.	Total	M.	W.	Total	M.	W.	Total	M.	W.	C.	Total		
Total .. 31.12.68	45	78	..	123	4	14	18	31	4	20	34	17	27	44	17	28	45	20	23	43	..	..	117	221	..	338	
Admitted from																											
Home .. ..	25	61	6	92	..	7	7	..	4	2	6	4	4	8	4	..	4	3	..	3	6	30	36	46	104	6	156
Hospitals .. ..	13	22	..	35	..	..	..	4	2	3	5	1	6	7	2	3	5	7	5	12	..	1	1	25	44	..	69
Hostels .. ..	..	4	..	4	..	12	12	5	..	4	4	1	8	9	3	6	9	5	5	10	6	11	17	15	55	..	70
Elsewhere .. ..	..	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	3
	83	168	6	257	4	33	37	40	20	29	49	23	45	68	26	37	63	35	33	68	12	42	54	203	427	6	636
Discharged to—																											
Home .. ..	10	24	6	40	..	..	..	..	2	..	2	3	..	3	3	..	3	2	2	4	1	1	2	21	27	6	54
Hospitals .. ..	7	11	..	18	..	3	3	5	5	3	8	4	8	12	3	4	7	8	7	15	3	3	6	30	44	..	74
Hostels .. ..	26	69	..	95	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	26	70	..	96	
Elsewhere .. ..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	2
Died .. ..	13	24	..	37	..	1	1	3	2	2	4	2	5	7	2	4	6	3	2	5	..	2	22	43	..	65	
Total 31.12.69 ..	27	38	..	65	4	29	33	32	11	23	34	14	32	46	18	29	47	22	22	44	8	36	44	104	241	..	345

## Hostels for the Aged

**Table 37**

### CLASSIFICATION OF RESIDENTS

	Men	Women	Total
Aged and mentally infirm .. .. .	—	—	—
Blind .. .. .	3	8	11
Deaf .. .. .	6	21	15
Epileptic .. .. .	1	3	4
Physically infirm (not aged) .. .. .	3	5	8
Mentally infirm (not aged) .. .. .	9	5	14
Other aged .. .. .	82	211	293
Total .. .. .	104	247	351

**Table 38**

### AGE GROUPS OF RESIDENTS

	Men	Women	Total
Under 30 years of age .. .. .	—	—	—
30 to 49 years of age .. .. .	—	1	1
50 to 64 years of age .. .. .	11	12	23
65 to 74 years of age .. .. .	25	39	64
75 to 84 years of age .. .. .	52	133	185
85 years and over .. .. .	16	62	78
Total .. .. .	104	247	351



# CARE OF THE HANDICAPPED

The need to provide services under Section 29 of the National Assistance Act was divided into two parts—that relating to the Blind which was mandatory and that relating to general physical handicaps which was permissive. Fortunately, the services for the Blind were already established as a going concern from the Health Committee with a Blind Workshop in Thornber Street, a co-ordinated scheme with the County, four qualified Home Teachers and an expenditure in 1947 of £7,479 and income from the Blind Workshop of £472. The permissive nature of the Part II arrangements was subject to directive from the Minister of Health, which appears not to have been forthcoming immediately for it was still quoted as pending in the annual report on Welfare Services for 1951.

Eventually, in 1956, a Welfare Officer for the Handicapped (non-blind) was appointed full-time, and this Officer began to give some meaning and direction to the service and statistics of incidence appeared in a standard form in annual reports. Many social support activities were established, the Lees Hall evening social club activities expanded, trips to Lancashire resorts, theatres and Christmas parties contributed to the happiness of this deprived section of the community. Adaptations were made to houses to facilitate mobility and convenience. Handicrafts were instituted and were found to be a great stimulus. Visitation to the homes of the handicapped who were less mobile obviated some of their loneliness and boredom and brought them from their isolation into the general stream of community life.

At the end of 1956, there were 144 handicapped persons (other than blind and deaf) on the Departmental register and 1,192 visits were made to the homes of such persons in the year.

The categories of disabled were as follows :

## Disability

	Males	Females
Amputations .. .. .	1	1
Arthritis and rheumatism .. .. .	5	19
Congenital malformation and deformities ..	3	1
Diabetes .. .. .	1	—
Diseases of the heart .. .. .	4	2
Diseases of the respiratory system .. .. .	3	1
(other than tuberculosis)		
Multiple sclerosis, poliomyelitis, paralysis, etc. ..	22	18
Epilepsy .. .. .	4	3
Injuries of the head .. .. .	1	1
Injuries or diseases of the limbs or spine .. .. .	13	3
(other than tuberculosis)		
Neuroses, psychoses and other nervous and and mental disorders	5	3
Spastics .. .. .	20	8
Tuberculosis (non-respiratory) .. .. .	—	1
Tuberculosis (respiratory) .. .. .	1	—
	83	61

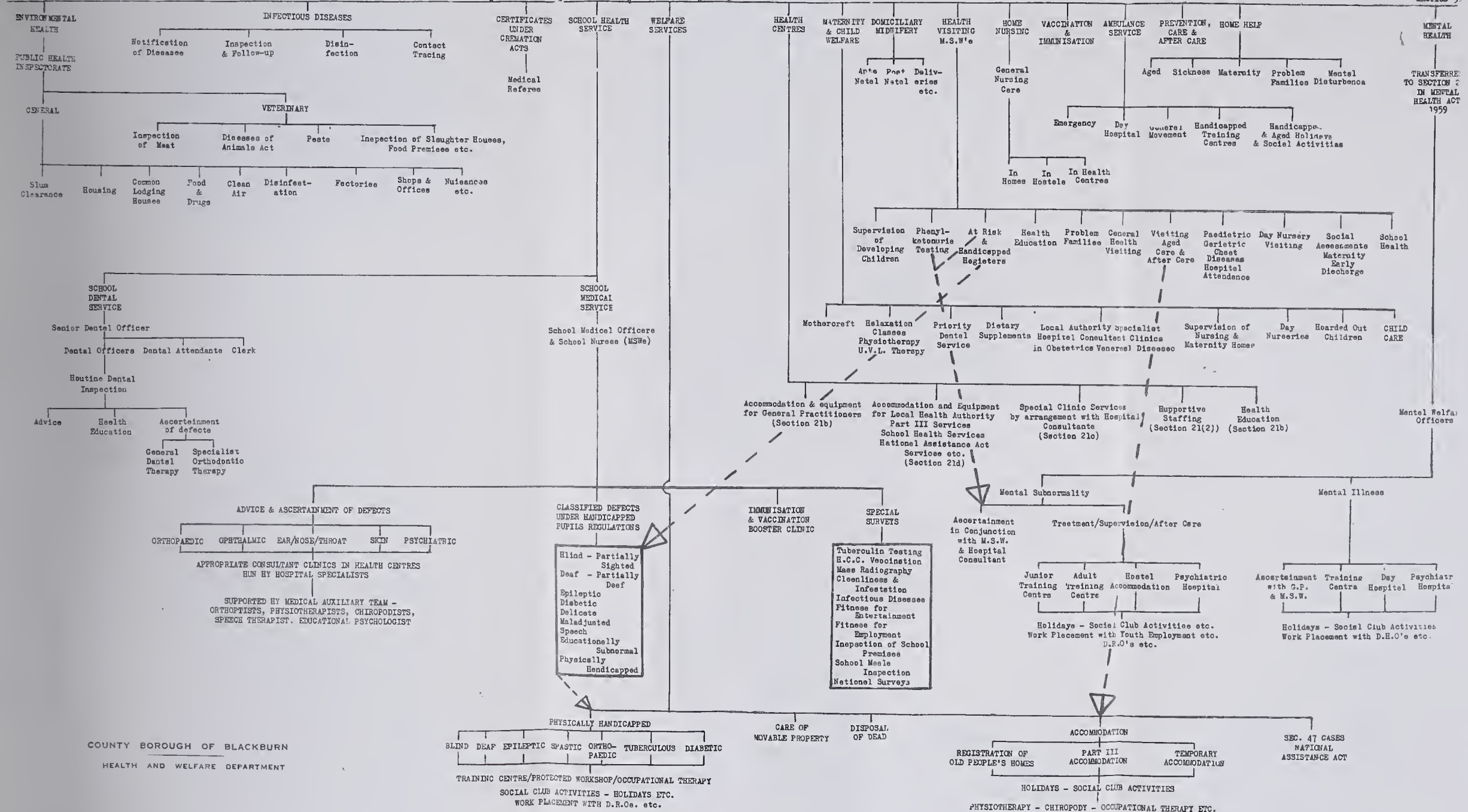
The numbers on the handicapped register continued to increase with figures in 1959 and 1969 as follows :

	1959		1969	
	Male	Female	Male	Female
Amputations .. .. .	5 ..	2 ..	19 ..	5
Arthritis and Rheumatism .. ..	7 ..	29 ..	12 ..	38
Congenital Malformations and deformities	2 ..	4 ..	6 ..	6
Diseases of digestion and urinary systems	1 ..	— ..	— ..	—
Disease of the heart .. .. .	3 ..	2 ..	2 ..	5
Diseases of respiratory system .. .. (other than tuberculosis)	3 ..	1 ..	5 ..	4
Epilepsy .. .. .	4 ..	3 ..	9 ..	3
Injuries of Head .. .. .	1 ..	1 ..	— ..	—
Injuries or diseases of limbs or spine .. .. (other than tuberculosis)	9 ..	5 ..	31 ..	6
Multiple sclerosis, poliomyelitis, paralysis, etc. .. ..	33 ..	24 ..	41 ..	39
Neurosis, psychosis and other mental disorder .. ..	5 ..	5 ..	— ..	3
Spastic .. .. .	18 ..	9 ..	4 ..	4
Tuberculosis (non-respiratory) .. ..	— ..	1 ..	— ..	2
Tuberculosis (respiratory) .. ..	1 ..	— ..	— ..	—
	<hr/> 92 ..	<hr/> 86 ..	<hr/> 129 ..	<hr/> 115

In 1956, the Piercy Committee Report on the rehabilitation of the disabled and handicapped was published and gave quite specific and clear guide lines for developing services under Section 29 of the National Assistance Act. The implications of 'Piercy' received scant attention locally and the Ministry eventually issued a circular in July 1958 in an attempt to stimulate activity and overcome inertia. This was to be backed by incorporation in the proposed General Grant Aid of financial help from central sources for development of Welfare Services for the Handicapped.

The Blackburn scheme which had received Ministry approval in 1953 benefitted from the injection of some capital investment and hopes were expressed in the 1960 Annual Report that the Lees Hall Social Centre with its very limited facilities might be replaced by a more suitable and possibly purpose-built unit, that transport facilities such as converted buses might be acquired to facilitate mobility of the handicapped. Meanwhile visitation continued to the 181 persons on the Register at the high level of 1946 visits in the year, development of social activities, handicrafts, concerts, films, talks, etc. £186 was spent on modifications to houses and a further £82 to provide hoists, tables and special aids.

In 1957, a purpose-built Sheltered Workshop for the Blind, under the aegis of the Ministry of Labour was opened in the Mill Hill Area to replace the Thornber Street unit. Despite the fact that it had much reserve floor area, its potential for including physically handicapped persons was not realised and they continued to have quite inadequate resources, while the blind were starting to decline in numbers and were over-provided.







In 1963, the Welfare Services became incorporated in the Health Department and in 1964, a system was introduced for ascertaining handicap at its earliest point in time and for mobilising resources through the Part IV, Part II and Part III services of the National Health Service to attack the problem as a concerted team effort. This by utilising 'At Risk' and 'Handicapped Registers' based on birth notifications and follow through, at comprehensive assessment centres to be set up in the Major Health Centres, then being planned under Section 21 of the National Health Service Act 1946.

The scheme was to provide continuity of care from birth, through pre-school, and school years, until at the age of 16 years, handicapped persons came within the purview of the Welfare Service under Section 29 of the National Assistance Act. This is demonstrated on the Chart Insert illustrating the departmental commitments.

In 1964, the Adult Training Centre for Mentally disturbed handicapped persons opened at Mowbray Lodge and this was run in parallel with the Workshop at Mill Hill which started to run a twice weekly handicraft class in February 1965 and with the appointment of a full-time handicraft instructor in June 1966, the classes were increased to five full days per week. A special vehicle with a wheel-chair lift made it possible to admit non-ambulant persons also. Unfortunately, the financial difficulties imposed by the assessment structure at the time, limited attendance fees to 3/- per session to keep within the 30/- per week ceiling and this frustrated all attempts to introduce incentives.

A trained Occupational Therapist was appointed in November 1966 and the handicapped register increased to 196 persons.

In 1967, the handicapped register reached 204, and about £400 was spent on property alteration and £100 on provision of hoists, bath seats and other aids. The average daily attendance at the Workshop, Mill Hill, increased to 30 persons and a second Occupational Therapist commenced duty on 4th August 1967. In August 1968, she started off a small hydrotherapy session weekly at the Belper Street Baths. The therapists were then making domiciliary visits, visits to hostels for the aged, sessions at the Workshop in Mill Hill, as well as the hydrotherapy and school sessions for handicapped persons.

Unfortunately, Dr. J. Q. Mountain, Deputy Medical Officer of Health, who was responsible for the handicapped commitment, died in March, 1968, and was not replaced until August 1969, when his successor, Dr. P. A. Gardner, took up office. At the beginning of the year, there were 205 persons on the handicapped register and at the end of 1969, the number registered had risen to 244, 45 new cases being added and six deleted. A start was made on the sub-division of the register into three categories—A, B, and C; 'A' to include the more severely handicapped persons; 'B' those with lesser handicaps, and 'C' the minor disabilities whose condition may, in due course deteriorate and thus require the more extensive services offered to groups 'A' and 'B'.

Also in an endeavour to contribute to the planning of units of accommodation for the handicapped, an assessment survey was made of their needs and wishes and this was made available to the Borough Architect and the Housing Manager. The schedule, as prepared by Dr. Gardner is shown as Tables 39 and 40.

**Table 39. Housing Requirements for the Physically Handicapped at December 1969**

Present Accommodation				Living Alone			UNSATISFACTORILY HOUSED									WILLING TO MOVE								
							Not living alone			Living alone			Totals			Not living alone			Living alone			Totals		
C	NC	Total	C	NC	Total	C	NC	Total	C	NC	Total	C	NC	Total	C	NC	Total	C	NC	Total	C	NC	Total	
3 Bedroomed house	15	36	51	3	4	7	6	8	14	2	2	4	8	10	18	4	2	6	1	1	2	5	3	8
2 Bedroomed house	30	85	115	3	22	24	14	32	46	3	12	15	17	44	61	12	19	31	3	7	10	15	26	41
2 Bd. flat/bungalow	48	3	51	12	1	13	1	..	1	1	..	1	2	..	2	1	..	1	1	..	1	2	..	2
1 Bd. flat.. ..	7	1	8	5	1	6	1	..	1	1	..	1	2	..	2	1	..	1	1	..	1	2	..	2
3 Bd. flat.. ..	1																							
3 Bd. bungalow ..		3																						
3 Bd. Purp. Blt.	4																							
2 Bd. Purp. Blt.	2																							
2 Bd. Purp. Blt.	2			1		1																		
4 Bd. house ..		1																						
Public house ..		1	14					1	1					1	1									
Institutionalised			4																					
Total No. of Handicapped Persons	109	130	243	24	27	51	22	41	63	7	14	21	29	55	84	18	21	39	6	8	14	24	29	53

### C — Council Tenants

**NC — Not Council Tenants**

**Table 40**

**Housing Requirements for the Physically Handicapped  
at December, 1969**

Present Accommodation	Not Living Alone		Living alone		Purpose Built Family Unit			Purpose Blt. Single		Ordinary House
	F	MF	F	MF	For 2	For 3	For 4	NLA	LA	
3 Bedroomed house	2G	1G	..	1	1G	1G	1G	..	1G	2
2 Bedroomed house	6+ 4G	3	2	1	4+ 3G	1+ 3G	2+ 1G	2G	5+ 2G	
2 Bd. flat/bungalow								1	1	
1 Bedroomed flat								1	Inst.	
Total Number of Handicapped persons	6+ 6G	3+ 1G	2	2	4+ 4G	1+ 4G	2+ 2G	2+ 2G + 1 Inst.	6+ 3G	2

Key: F—Flat

M—Modified flat

NLA—Not living alone

LA—Living alone

G—Garage required

2G etc.—2 Garages etc. required.

Exploratory discussions entered into with representatives of the Spastics Society in 1968 came to fruition in 1969 when agreement was reached to modify the existing Workshop at Mill Hill to enable assessment, training and sheltered workshop facilities to be provided for physically handicapped persons including spastics from a wider area of N.E. Lancashire. Plans were produced and amended and finally accepted by the Society, the Local Authority, and the Blind Workers as being satisfactory to meeting the needs, and the Spastics Society contributed £10,000 for work to commence in early 1970 with approximately a further Local Authority expenditure of £20,000.

Plan 1 indicates the layout of the proposed new Centre after completion of the first phase of its re-development.

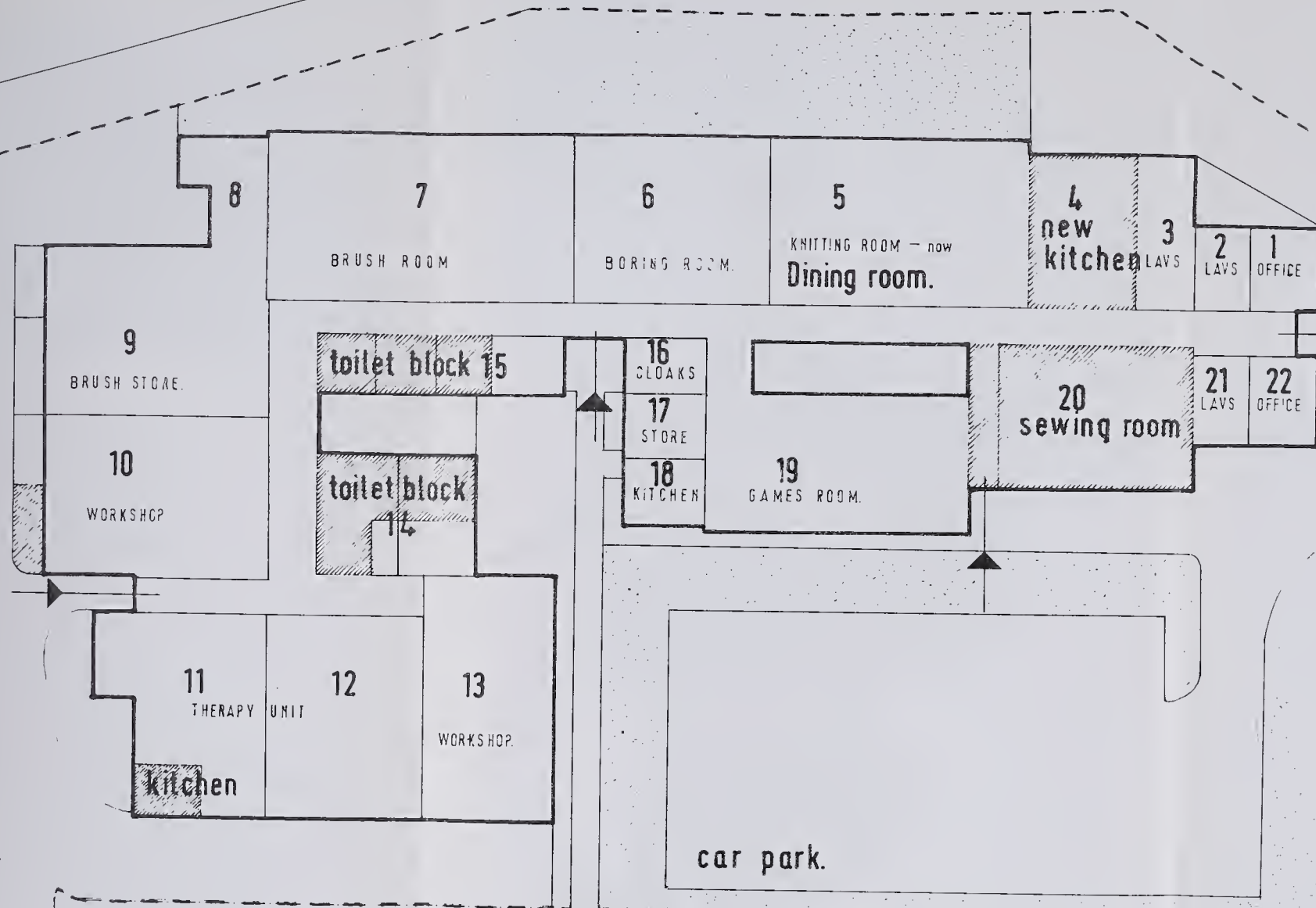
During 1969, the average attendance at the Workshop for the Blind was 25 per session. The major part of the activity was the production of soft toys and incontinence pads as well as some sub-contract work for local industry. Although some of the handicapped were able to attend using public transport, or individual vehicles for the handicapped, most were brought in by departmental transport and a second coach with Wheelchair lift was brought into use during the year. The handicapped attending the Workshop visited Blackpool and Southport and made other outings with the coaches and these facilitated social activities including Christmas parties, etc.

The following tables show the age groups and disabilities respectively of handicapped persons on the Workshop Register in December, 1969.

Disease	Age range 15/68 years	
	Males	Females
Blind .. .. .	3	-
Congenital Malformations .. .. .	1	4
Epilepsy .. .. .	3	1
Hemiplegia .. .. .	7	4
Amputations .. .. .	4	-
Spastic .. .. .	2	1
Poliomyelitis .. .. .	1	2
Quadriplegia .. .. .	1	-
Aphasia .. .. .	1	1
Multiple Sclerosis .. .. .	3	4
Heart condition .. .. .	1	4
Arthritis .. .. .	3	-
Subnormal .. .. .	-	1
Spinal Injury .. .. .	1	-
Spina Bifida .. .. .	1	-
Fredrich's Ataxia .. .. .	1	-
Neurosis .. .. .	1	-
Cerebral damage (motor accident) .. .. .	1	1
	<hr/> 35	<hr/> 23

In addition to the handicapped attending the Centre, a Christmas Party was given in the Workshop for other handicapped persons, to a total of 85 persons. Holidays were provided for 30 persons at the annual visit to Prestatyn Holiday Camp when the handicapped were accompanied by the Welfare Officer and Handicraft Instructress. During the year, structural alterations to property totalling £950 were made to help a number of handicapped persons.





mill hill street.

watson st.

# BLIND WORKSHOPS

NOV '70



Domiciliary visits were made by the Welfare Officer for the Handicapped and the Occupational Therapists as follows :

Welfare Officer ..	First Visits ..	45
	Subsequent Visits	882
	Other ..	477
Occupational Therapists	Domiciliary	831
	Other ..	225
	Sessions	
	(At Hostels)	324
	(At Workshop)	456

Hydrotherapy sessions increased to twice per week, Tuesday and Thursday, and the average number of patients attending was eight. Weekly visits were continued at St. Alban's Junior Girls' School and arrangements were made for the Blackamoor Special School for Delicate and Handicapped to be visited regularly.

## Upgrading of Blind Workshops

*Joint Project between Local Health Authority and Spastics Society.*

The Workshop will serve two categories of handicap—

- (a) The blind—the original user of the accommodation, declining in numbers, with a rising average age and tied to traditional trades some of which are no longer viable.
- (b) The physically handicapped—increasing in numbers, covering wide age ranges, and capable of training into a wide variety of occupations. The local numbers to be expanded by intake of adjacent Local Authority spastic patients in conjunction with the Spastics Society.

The blind sheltered Workshop facilities for males consist of a brush department in rooms 6, 7 and 9, the uneconomic skip department having been dispensed with. The brush heads are bored and planed and finished in 6, ready for incorporating the bristles which are inserted in room 7 by groups of workers under a foreman. The finished products are stored in room 9 ready for dispatch.

The facilities for females which were in room 5 and involved the knitting and finishing of wool garments have been transferred to room 20 where the residue of female workers will change over to the sewing and finishing of sheets, towelling and other articles to be used in the Local Authorities' own hostels.

The services for the physically handicapped will be incorporated in rooms 10, 11, 12 and 13.

Room 13 is intended to be used for traditional handicrafts, 11 and 12 for assessment and experiment in an attempt to develop the potential of the handicapped adults, to incorporate Occupational Therapy under the direction of the Deputy Medical Officer of Health and to try and fit specific equipment for kitchen, home, workshop tailored to individual needs. Room 10 is purpose designed to form a sheltered workshop with certain limited well-defined output lines such as book-binding, incontinence pad production, factory outwork such as bobbin stripping. Handicapped persons should then graduate up to this sheltered work situation after preliminary assessment in the therapy unit.

Toilet block 14 is to serve the physically handicapped, toilet block 15 the blind males, toilet 3 the female workers in the sewing room.

Room 4 which was a store is being upgraded into a kitchen to serve the entire intake and staff at the Workshop and the original knitting room No. 5 is to constitute the dining room.

The original dining room No. 19 is to be a games room and has its own kitchen servery for when separate social activities are carried out in the evenings.



Outside room 10, there is to be a ramp to allow rapid off loading of wheel chairs from the coaches as a supplement to the hydraulic vehicle lifts. A large car park will facilitate use by handicapped vehicles and coaches. The main office frontage on to Mill Hill Street is capable of extension to allow a later phase of development to incorporate a board room and office for committee meetings of organised handicapped groups, for a medical suite with facilities for medical assessment, physiotherapy, chiropody, etc. and for individual small rooms to be used as part of social club activities.

Across the road from the Workshop, *i.e.* across Mill Hill Street is land which could be used to build a purpose-built hostel for the physically handicapped to facilitate their attendance at the Workshop and some preliminary exploration of this possibility has already been carried out in conjunction with the Spastics Society who might well wish to co-operate financially in the enterprise.

This Workshop complex has therefore great potential in association with that at Mowbray Lodge for the mentally handicapped. This would meet a great part of the service requirements for all types of handicapped other than the Deaf and its close proximity to the Mill Hill railway station and the projected Calder Valley Motorway should enhance its use, particularly in terms of out-of-Borough patients.

## CARE OF THE BLIND

In 1881, the Blackburn and Darwen Society for the Blind was established as a small visiting Society and for the religious instruction of the Blind. During the final decade of the nineteenth century, Miss G. M. Dean and two friends started to raise funds whilst still at the High School and from this came the Blackburn and District Society for the Blind. Miss Dean's association continued throughout her life, as founder-member of the Society, then as a co-opted member of the Blind Persons Act Sub-Committee of the Health Committee prior to 1948 and until a few years before her death in 1962 as a member of the Welfare Services Committee. A remarkable testimony to voluntary service.

In 1908 was founded the Blackburn and District Workshop for the Blind, again as a voluntary establishment. At first, men only were admitted, women being included three years later. Nineteen twenty-eight saw the first of the Home Teachers appointed to visit Workshop employees in their own homes and to teach Braille-type reading.

In 1932, the Workshop became a local authority responsibility, administered through the Blind Persons' Sub-Committee of the Health Committee. Grants continued to be made to the several voluntary bodies still concerned.

In 1948, the Workshops were transferred to the Welfare Services Committee together with two of the four Home Teachers. The other two were appointed by the Lancashire County Council.

Voluntary work continues with the Blackburn and Darwen Society for the Blind and the Blackburn and District Joint Finance Committee for the Blind. The first of these Societies finances directly such items as Christmas parties and gifts, outings, radio repairs and assistance in cases of hardship.

The Joint Finance Committee includes constituent members of Blackburn County Borough, Lancashire County Council, Darwen and No. 5 County Health Division. Its main source of income is from the Royal National Institute for the Blind under the Unification of Collections Agreement ; other income is from donations and interest from investments. Disbursement is made to the Workshop for the Blind, Guide Dogs for the Blind and the Blackburn and Darwen Society for the Blind.

Since 1948, the service has changed little, except for increased case loads, helped by the use of cars by the Home Teachers for district visiting. During these 20 years placement and training of Blind Persons has improved tremendously, the tendency now being for placement in open industry and independent mobility—the expected, rather than the hoped-for goal. Few school leavers fail to make the grade, and those usually due to their own indifference, for every effort is made to train and place them in suitable occupations. Improved Hostel Accommodation has enabled many to stay in their home town rather than going further afield to a Blind Home as obtained for so many years. Numbers of school children have decreased due to improved medical and surgical techniques and a resultant low incidence of blindness in young children.

The two Home Teachers of the Blind in the East and West Major Health Centres, each in their own craft room adjacent to the entrance, hold weekly classes for men and women. Separate men's and women's classes are held at morning and afternoon sessions, some of the infirm blind being transported by ambulance.

Monthly socials continued and were well attended. The Spring holiday was very popular, being held at Henderson House, Blackpool, attended by 36 blind persons and guides. The Lions International again kindly provided six holidays for selected blind/partially sighted persons; a Summer outing for 240 provided by the Blackburn and Darwen Society for the Blind at Southport was enjoyed on a pleasant day in good weather.

Radio sets (from the "Wireless for the Blind Fund"), books in braille from the Northern Branch of the National Library for the Blind, and talking books from the "Talking Book Library for the Blind," continue to provide a great deal of pleasure for many handicapped persons.

After training, one man of 50 years was placed in industrial employment as a capstan lathe operator ; one other man of 38 years is awaiting training.

The number of blind persons employed at the workshops continues to decrease through retirement, etc.

Out of 42 people of working age, eleven are employed, ten are housewives, the remainder are also physically unfit for work from some other disability.

In the Blackburn Agricultural Show Open Classes (*i.e.* all comers), blind persons gained 2nd Knitting and Very Highly Commended awards.

In Canework and Stools, 1st, 3rd and two Highly Commended awards were gained.

## REGISTRATION OF THE BLIND

### Age groups of registered blind

						1969
From 0—10 years	..	..	..	..	..	4
From 11—20 years	..	..	..	..	..	4
From 21—49 years	..	..	..	..	..	28
From 50—69 years	..	..	..	..	..	68
Over 70 years	..	..	..	..	..	102
						206

In 1958 there were on the register 47 persons where blindness occurred in the first year of life (40 such persons still survive), whereas for the years 1963—1969 inclusive not one child was registered blind in the first year.

In contrast, the degenerative diseases and conditions causing blindness

In 1958 constituted 11 out of 17 registered

„ 1965	„	14	„	„	14	„
„ 1966	„	9	„	„	9	„
„ 1967	„	21	„	„	21	„
„ 1968	„	27	„	„	28	„
„ 1969	„	15	„	„	15	„

Inevitably the onset of blindness has been carried into later and later age groupings so that less and less persons will need the sheltered employment of Blind workshops. More and more will suffer the tragedy of blindness when it will affect leisure and social integration rather than wage earning.

In the Blackburn Blind workshops the numbers have continued to decline as follows:

				1958		1969
Travelling Salesmen	..	..	..	2	..	1
Skip department	..	..	..	7	..	5
Brush department	..	..	..	17	..	14
Knitting department	..	..	..	8	..	7

**Table 41**

	BLIND		PARTIALLY SIGHTED	
	M.	F.	M.	F.
On Register, 31st December, 1968 ..	79	.. 132	15	.. 57
Newly certified during year .. ..	3	.. 13	2	.. 18
Transferred P.S. to Blind Register ..	—	.. —	—	.. —
Transferred Blind to P.S. Register ..	—	.. —	—	.. —
Transferred from other Authorities ..	2	.. 2	—	.. —
Transferred to other Authorities ..	1	.. 1	3	.. 1
Deaths .. .. .	5	.. 18	1	.. 6
De-Certified .. .. .	—	.. —	—	.. —
On Register 31st December, 1969 ..	78	.. 128	13	.. 68



**Table 42**

	Age Groups of Registered Blind		Ages at which Blindness occurred	
	Men	Women	Men	Women
0 to 1 year .. .. .	—	—	15	22
2 to 4 years of age	—	1	1	4
5 to 10 " " "	1	2	3	2
11 to 20 " " "	3	1	7	4
21 to 29 " " "	2	1	7	2
30 to 39 " " "	4	3	9	10
40 to 49 " " "	9	9	11	12
50 to 59 " " "	17	14	8	12
60 to 69 " " "	15	22	1	20
70 to 79 " " "	16	35	12	26
80 years and over ..	11	40	4	11
Onset unknown ..	—	—	—	3
	78	128	78	128

**BLIND PERSONS IN HOMES, HOSPITALS, ETC.**

	Men	Women
Fenisccliffe Bank .. .. .	1 ..	4
Queen's Park Hospital .. ..	— ..	1
Brockhall Hospital .. .. .	1 ..	1
Catholic Home for the Blind, Liverpool ..	1 ..	—
Elms Home for the Blind, Salford .. ..	— ..	1
Oaklands Home for the Blind, Holmfirth ..	— ..	1
Nazareth House .. .. .	— ..	2
Godfrey Ermen Home, Southport .. ..	— ..	1
Shadsworth House .. .. .	2 ..	1
Abbeyfield Home, Preston New Road ..	— ..	1
	<hr/> 5 .. <hr/>	<hr/> 13 <hr/>

**BLIND CHILDREN**

At Special Schools, etc. .. .. three boys  
three girls

**Partially Sighted.** Analysis of the age groups of persons on the partially sighted register show that whereas in 1958 60.4% persons were over the age of 50 years ; 45.8% were over the age of 65 years ; by 1969 there were 77.0% over the age of 50 years and 66.6% over the age of 65 years.

Of the various categories of partially sighted persons in 1958, in Group A *i.e.*, "Prospective Blind" there were 13 from a total of 48 as compared with in 1969 41 "prospective blind" from a total of 81.

### PARTIALLY SIGHTED

There were 81 persons on the "Observation" Register on the 31st December, 1969. Twenty cases were newly-certified.

The following shows the age groups of the persons on the "Observation" Register of Partially Sighted :

	Men	Women
5 to 15 years .. .. .	1	5
16 to 20 „ .. .. .	—	1
21 to 49 „ .. .. .	4	7
50 to 64 „ .. .. .	1	8
65 years and over .. .. .	7	47
	<hr/> 13	<hr/> 68

The following shows the various categories of Partially Sighted persons :

	M.	F.	Totals
GROUP A. Prospective Blind .. ..	5	36	41
GROUP B. Industrially Handicapped—			
In Employment .. ..	4	2	6
Training .. ..	—	—	—
Awaiting Training .. ..	—	—	—
Not available for work .. ..	—	2	2
GROUP C. Requiring Observation only	3	23	26
GROUP D. Children .. ..	1	5	6
	<hr/> 13	<hr/> 68	<hr/> 81

### CAUSES OF BLINDNESS OR PARTIAL SIGHT IN CASES REGISTERED DURING THE YEAR

	Blind	Partially Sighted
Cataract .. .. .	6	5
Glaucoma .. .. .	3	3
Macular degeneration .. .. .	2	5
Optic atrophy .. .. .	1	1
Lens Sclerosis .. .. .	—	2
Congenital Nystagmus .. .. .	—	2
Keratitis Choroiditis .. .. .	—	1
Diabetic Retinopathy .. .. .	1	—
Chronic Recurrent-Keratitis .. .. .	1	—
Myopic Degeneration .. .. .	1	—
	<hr/> 15	<hr/> 19

CARE OF THE DEAF

After the “appointed day” for the National Assistance Act, 1948, conferences were held between the County Borough representatives and those from the Lancashire County Council, with a view to obtaining uniformity in the arrangements for the Welfare of the Deaf and/or dumb.

Eventually, arrangements were made for the welfare of this class of handicapped person to be undertaken on an agency basis by the North and East Lancashire Association for the Deaf. The arrangement included payment by the Borough to the Agency of £3 in respect of each deaf and/or dumb person over 16 years of age from within the Borough and an understanding that new names would be added to the register of deaf only if they were found to have a hearing loss of 60 decibels or more as measured by the pure tone audiometer and that provision should be made for the Local Authority to have representatives on the Association which would operate its services from the Deaf Institute in Kendal Street, Blackburn. There are no records of the numbers of deaf in the Welfare reports for the early years of the service, although the Home Teachers for the Blind were dealing with 20 persons who were doubly handicapped as deaf-blind.

By 1952, the financial payment per deaf person had been raised to £7. 10s. 0d. and there were 62 such persons registered.

The age groups of registered Deaf Persons in 1954 were as follows:

			Males		Females
18 to 20 years	..	..	3	..	3
21 to 30 years	..	..	7	..	5
31 to 40 years	..	..	5	..	1
41 to 50 years	..	..	4	..	4
51 to 60 years	..	..	8	..	4
61 to 70 years	..	..	7	..	7
71 and over	..	..	3	..	2
			—		—
			37	..	26
Total	..	..	..	63	
				—	

In 1955, the per capita payment for registered deaf persons was £10. The services included Individual Welfare, interpretation, placement in employment, social activities, religious activities, etc. In 1958, the per capita payment to the agency for registered deaf persons was £15, and the numbers registered had declined to 51.

With effect from January 1962, a classification of registered deaf persons was made as follows :

- Deaf without speech.* Those who had no useful hearing and whose normal method of communication was by signs, finger spelling or writing.
- Deaf with speech.* Those who (even with a hearing aid) had little or no useful hearing but whose normal method of communication was by speech or lip reading.
- Hard of Hearing.* Those who (with or without a hearing aid) had some useful hearing and whose normal method of communicating was by speech, listening and lip reading.

In 1964, there was a change in the agency arrangements for care of the deaf.

The North & East Lancashire Welfare Association for the Deaf acted as agents of the Council until 30th September 1964, thereafter the East Lancashire Association undertook the work. The per capita payment was £19 in respect of each deaf person and there were 68 registered.

A hard of hearing session was run at the Kendal Street Institute on Monday evenings, at which an instructor taught lip reading. By 1966, the number of persons on the register totalled 90 and the Council made a grant of £3,891 to the East Lancashire Deaf and Dumb Society.

In order to meet the developing commitment, a second Welfare Officer for the Deaf attended a training course and returned to the Association on completion so that two full-time Welfare Officers carried out an extensive field programme of support. To overcome the limitations of the Kendal Street Institute, search was made for more extensive premises and by 1969, such accommodation was found in the Preston New Road Area and a scheme introduced to modify the existing structure to meet the anticipated needs of the Deaf and Hard of Hearing.

By the end of 1969, the numbers on the register were 95 but the trained Welfare Officer had been replaced by a trainee and difficulties were experienced in meeting all the needs.

## Deaf and Dumb

There were 95 persons on the Register at the end of 1969, the majority of whom were deaf and dumb. The following table shows the age groups :

				Deaf with Speech		Deaf without Speech			
				M.	F.	M.	F.		
Under 16 years	..	..	..	*7	17	—	—	..	—
16—29 years	..	..	..	10	4	7	3	..	..
30—49 years	..	..	..	3	7	3	4	..	..
50—64 years	..	..	..	—	6	8	5	..	..
65 years and over	..	..	..	—	6	7	4	..	..
				20	34	25	16		

\* Limited Speech

## Deaf/Blind Persons

Sixteen of the persons on the Register for the Blind are also deaf or hard of hearing as follows :

				Men		Women	
Deaf/Blind without speech	..	..	..	—	..	—	..
Deaf/Blind with speech	..	..	..	—	..	1	..
Blind hard of hearing	..	..	..	4	..	11	..
				4	..	12	..



**Table 43**

**AGE GROUPS OF EPILEPTICS UNDER CARE**

**Epileptics**

	Maghull	Park View		Langho Colony		Shadsworth House		Burnside	Total
	Men	Men	Women	Men	Women	Men	Women	Women	
Under 30 years..	1	—	—	2	1	—	—	—	4
30 to 39 „ ..	—	—	—	1	—	—	—	—	1
40 to 49 „ ..	—	—	—	3	1	—	—	—	4
50 to 59 „ ..	—	—	—	3	3	—	—	—	6
60 to 69 „ ..	—	1	—	1	3	—	—	—	5
70 years and over	—	—	—	1	—	—	—	1	2
Totals	1	1	—	11	8	—	—	1	22

**Disabled Persons' and Aged Persons' Homes**

Persons who carry on Disabled Persons' Homes and Homes for Aged Persons are required by Section 37 of the National Assistance Act, 1948, to apply to the Local Authority for registration. Six homes are registered, viz :

			Men		Women
Nazareth House, Preston New Road	..	..	23	..	33
Liverpool House, Audley Range	..	..	—	..	8
Richardson House for deaf women, Billinge End Road	..	..	—	..	34
Franciscan Convent, East Park Road	..	..	—	..	15
"Hawkhurst," Shear Bank Road	..	..	3	..	13
"The Cliffe," East Park Road	..	..	—	..	6

**Details of Visits by Welfare Officers and Teachers of the Blind**

AGED :	First visits	..	..	69	To Hostels	..	247
	Subsequent visits	..	..	712	Other visits	..	215
	Ineffective visits..	..	..	252			
BLIND :	First visits	..	..	76	Handicraft classes		151
	Subsequent visits	..	..	1,852	Socials	..	30
	Ineffective visits..	..	..	47	Other visits	..	263
	Braille Classes	..	..	41	Talks	..	8
	Moon type classes	..	..	6			



**REPORT ON  
SCHOOL HEALTH SERVICE  
DURING 1969**





# EDUCATION COMMITTEE

1969-70

## THE MAYOR

(Mr. Councillor E. Gregson)

Alderman Sir	G. B.	EDDIE, O.B.E., J.P.
Mr. Alderman	W. A.	HENSHALL, M.C.
„	A.	DUCKETT
„	L.	EDWARDS
Alderman Mrs.	M. A.	McNAMEE
Mr. Alderman	R. F.	MOTTERSHEAD, C.B.E., J.P.
Mr. Councillor	D.	APPLETON
„	W. H.	BOWKER
„	A.	CARUS (Chairman)
„	A.	DARWENT
„	R. N. S.	EDWARDS
„	R.	FOULKES (Vice-Chairman)
„	B.	GREENWOOD
Councillor Mrs.	N. R.	HAWORTH
Mr. Councillor	T.	HEAP
„	F.	HULME
„ Miss	F. G.	LEWIS
„	T.	MARSDEN
„	T.	TAYLOR, J.P.
„	R.	TODD
The Rev.	A. T.	HUBBARD
„	J.	HENNESSEY
The Rev. Canon	L. E. H.	SWAN
	J. F.	HARRISON, Esq.
	J.	BOLTON, Esq.
	H.	GREEN, Esq.



## SCHOOL CLINICS

### School Clinics :

With the opening of the Health Centres, all School Clinics had been transferred by the end of the year, distributed as follows—

LARKHILL MAJOR HEALTH CENTRE :

and

MONTAGUE MAJOR HEALTH CENTRE : Inspection and Follow-up Clinics, Ophthalmic, Dental, Physiotherapy, Immunisation and Vaccination, Ear, Nose and Throat, Audiology, Orthoptic, Speech, Chiropody, Child Guidance and Minor Treatments.

Except for Minor Treatments, attendances are by appointment.

LITTLE HARWOOD HEALTH CENTRE	}	Minor Treatments.
BENTHAM ROAD HEALTH CENTRE		

GLENLUCE FAMILY WELFARE CENTRE : Minor Treatments.

The treatment of Scabies and Cleansing of Verminous Cases continues to be given at the Bathing Unit attached to the Disinfecting Station.

## COST OF SCHOOL HEALTH SERVICE

I am indebted to the Borough Treasurer, Mr. L. Wolstenholme, for the following particulars relating to the cost of the School Health Service during 1968-1969.

### EXPENDITURE

	£	s.	d.	£	s.	d.
Salaries and Fees .. .. .	48306	16	2			
Local Government Superannuation—						
Employer's Contribution .. ..	2362	10	8			
Equal Annual Charge .. ..	659	4	5			
National Insurances—						
Employer's Contributions .. ..	1677	6	3			
Staff Training .. .. .	209	19	3			
Travelling Expenses and Subsistence						
Allowances .. .. .	637	1	10			
Printing, Stationery, Postages and						
Telephones, etc. .. .. .	649	8	9			
Drugs, Medical Requisites and Apparatus..	2027	6	1			
Uniforms .. .. .	177	2	10			
Rents and Insurances .. .. .	62	0	0			
Upkeep of Buildings .. .. .	18649	9	1			
Medical Inspections—Intending Teachers	393	6	0			
Sundries .. .. .	0	10	3			
Laundry .. .. .	186	6	7			
				76260	5	10

### INCOME

#### Recovered from—

Blackburn Executive Council,						
N.H.S. (Sight testing) .. ..	899	4	0			
Regional Hospital Board—						
Orthoptic Clinics .. .. .	516	9	4			
Lancashire County Council—						
Orthoptic Clinics .. .. .	445	2	6			
Services to Health Department—						
Dental Sessions .. .. .	462	0	0			
Regional Hospital Board—						
Physiotherapy .. .. .	16	0	0			
Speech Therapy .. .. .	20	9	9			
Sundries .. .. .	13	17	6			
				2373	3	1
<b>EXPENDITURE LESS INCOME</b> .. .. .				73887	2	9



The rateable value of the Borough on 31st March, 1969, was £3,541,640. The cost of medical inspection and treatment in schools for the twelve months ended 31st March, 1969, was £73,887, compared with £54,173 in the previous year.

This was equivalent to £4. 7s. 2d. per child on the school rolls, and expressed as a penny rate was 5.41d.

## SCHOOL POPULATION

Particulars of children on the rolls at maintained schools are as follows:

3 Nursery Schools .. ..	217
53 Primary School Departments	9984
10 Secondary Schools .. ..	6290
3 Special Schools .. ..	315
	<hr/>
Total .. .. .	16806
	<hr/>
2 Nursery Classes .. ..	113
	<hr/>

## School Premises

In September, regular routine inspections of the schools were commenced. The Deputy Medical Officer of Health and a Public Health Inspector visited in regard to the maintenance of satisfactory standards, *i.e.*, cleanliness, sanitary accommodation, washing facilities, ventilation, lighting and heating and canteen arrangements, as well as the structure of the buildings. Significant findings were reported to the Chief Education Officer.

Improvements were recommended at—

Lammack Infants School  
Meadow Head Infant School  
Cedar Street County Infant School  
St. Barnabas' C. of E. School  
Witton Park School, Buncer Lane  
Sacred Heart School  
Shadsworth High School  
St. Alban's School  
Cedars Infants School  
Cedar Street Junior School  
Roe Lee Junior School  
St. Stephen's Infants School

## SECTION ONE

### MEDICAL INSPECTIONS

Each school was visited by a Departmental Medical Officer during the year. At least three examinations are carried out on each pupil during school life—as 'Entrants', as 'Junior Leavers' and prior to leaving Senior school. The first of these is the most important as, most medical information concerning the child is already in their School Health Service records by the time a pupil is about to leave School.

A pilot scheme of selective inspections was introduced in 1969 and fully implemented in September. A comprehensive questionnaire is sent to the parents of "Junior Leavers." Those pupils whose parents request that they should be examined and any whose medical history warrants further investigation are seen by the doctor. This gives the examining Medical Officers more time to examine children who need their attention, as the majority of pupils of this age-range are fit and healthy.

The move of both Divisions into the two major Health Centres, having been completed successfully, the number of children examined during the year returned to the pre-transfer figure.

All parents are invited to attend these inspections but only 46.6% did so. At the 'Entrants' medical examinations, 78.8% of parents attended, 3.5% in Senior schools. These percentages compare unfavourably with some other towns—*e.g.* Exeter, where 99% of parents attended their child's first medical, and the overall percentage was 81.

The number of physically handicapped children attending Blackamoor Special School has increased slightly—partly due to re-classification and partly to the introduction of the more physically handicapped to the exclusion of the delicate. The latter percentage is far above the National average and as most can, in fact, be catered for in Ordinary Day Schools there will, in future, be more room in the existing school to deal with more severely handicapped than hitherto. As many children as possible should be educated in ordinary schools and only where this is not possible should resort be made to Special Schools, whether Day or Residential. Thus, in the next few years the ratio of Delicate/Physically Handicapped which now exists will almost certainly be reversed.

A close liaison is maintained between the Department Medical Officers and the Careers Officers so that the future employment needs of all these pupils are thoroughly considered.

Table 2. Periodic Medical Inspections

Age Groups inspected (By year Birth)	Number of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)			No. of Pupils found not to warrant a medical examination	Percentage of parents present
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils		
1965 & later	203	203	..	2	28	27	..	3.5
1964	706	706	..	37	78	113	..	4.1
1963	502	502	..	17	46	60	..	..
1962	47	47	..	2	12	14	..	5.2
1961	13	13	..	..	4	4	1	62.8
1960	15	15	..	1	1	1	1	17.3
1959	81	81	..	5	12	15	186	33.3
1958	828	828	..	32	107	116	95	46.2
1957	392	392	..	10	40	46	4	63.8
1956	9	9	..	1	2	3	..	80.0
1955	321	320	1	13	14	27	..	78.0
1954 & earlier	1806	1805	1	86	90	164	..	91.6
TOTAL	4923	4921	2	206	434	590	287	40.6

Table 3. Other Inspections

Notes: A special inspection is one that is carried out at the special request of a parent, doctor, nurse or other person.  
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections	..	1685
Number of Re-inspections	..	1075
		<hr/> 2760 <hr/>

Table 4.

## Defects found by Periodic and Special Medical Inspections

Defect or Disease		PERIODIC INSPECTIONS				Special Inspection
		Entr'ts	Leavrs	Others	Total	
Skin .. .. .	T	3	16	15	34	2
	O	-	-	6	6	-
Eyes : <i>a.</i> Vision .. .. .	T	39	99	68	206	127
	O	62	69	88	219	56
<i>b.</i> Squint .. .. .	T	7	-	2	9	12
	O	2	-	-	2	1
<i>c.</i> Other .. .. .	T	-	-	1	1	1
	O	-	-	-	-	-
Ears : <i>a.</i> Hearing .. .. .	T	22	20	25	67	60
	O	1	2	4	7	18
<i>b.</i> Otitis Media .. .. .	T	-	1	-	1	2
	O	-	-	-	-	-
<i>c.</i> Other .. .. .	T	5	3	7	15	8
	O	2	-	1	3	3
Nose and Throat .. .. .	T	31	7	16	54	39
	O	11	1	8	20	8
Speech .. .. .	T	13	2	11	26	38
	O	1	1	4	6	6
Lymphatic Glands .. .. .	T	-	-	-	-	-
	O	-	-	1	1	1
Heart .. .. .	T	1	-	-	1	-
	O	4	-	-	4	-
Lungs .. .. .	T	2	1	1	4	-
	O	-	1	-	1	-
Developmental: <i>a.</i> Hernia .. .. .	T	2	-	1	3	-
	O	-	-	-	-	-
<i>b.</i> Other .. .. .	T	-	-	12	12	-
	O	-	-	11	11	1
Orthopaedic : <i>a.</i> Posture .. .. .	T	4	3	14	21	2
	O	1	-	1	2	1
<i>b.</i> Feet .. .. .	T	5	31	34	70	34
	O	-	1	1	2	5
<i>c.</i> Other.. .. .	T	1	3	15	19	7
	O	1	1	-	2	3
Nervous System : <i>a.</i> Epilepsy .. .. .	T	-	-	1	1	1
	O	-	-	-	-	-
<i>b.</i> Other .. .. .	T	-	-	-	-	1
	O	1	-	-	1	-
Psychological : <i>a.</i> Development .. .. .	T	1	3	10	14	11
	O	8	-	13	21	6
<i>b.</i> Stability .. .. .	T	-	-	-	-	2
	O	-	-	2	2	1
Abdomen .. .. .	T	1	-	-	1	2
	O	-	-	-	-	-
Other .. .. .	T	18	9	44	71	55
	O	24	5	47	76	39



## Home Visits

The School Nurses carried out 5,252 home visits in 1969. Where school children were enquired after whilst on a regular visit to younger children in a family, these visits are not included below.

### Reason for Visits

	No. of Visits			Total
	West	East		
Post Medical Inspection ..	2044	1821	..	3865
Infectious Diseases .. ..	229	181	..	410
Pre-Special Educational Examinations .. ..	275	110	..	385
Physically Handicapped ..	117	51	..	168
Maladjusted .. ..	169	127	..	296
Ineffective Visits .. ..	66	62	..	128
	<u>2900</u>	<u>2352</u>	..	<u>5252</u>

### Schools Visits (excluding Hygiene)

Infectious Diseases .. ..	110	351	..	461
Other Reasons (including Vision Tests) .. ..	4215	1515	..	5730
	<u>4325</u>	<u>1866</u>	..	<u>6191</u>

### School Hygiene Inspections

Children examined .. ..	19581	15704	..	35285
Children requiring treatment	1715	1571	..	3286

### Clinic Sessions Attended

Ophthalmic .. ..	43	53	..	96
Ear, Nose & Throat .. ..	72	91	..	163
Audiometry .. ..	9	6	..	15
Prophylactic .. ..	135	156	..	291
Inspection .. ..	90	79	..	169
Follow-up .. ..	22	12	..	34
Minor Treatment, etc. ..	794	855	..	1549
	<u>1165</u>	<u>1252</u>	..	<u>2317</u>

## SECTION TWO

### TREATMENT

#### Clinics.

Location of the various Clinics is shown on Page 197 of the Report.

#### Inspection Clinic.

During the year, 896 children paid 1,145 visits to Inspection Clinics at which the School Medical Officers examine children referred for special examination.

#### Minor Ailments.

Treatments are given every morning at the School Clinic, by a School Medical Officer assisted by two school nurses.

Table 9

Complaint	Cases	Attendances
Ringworm .....	5	63
Impetigo .....	60	213
Scabies .....	172	423
Other Skin diseases .....	391	1404
Nits and Vermin .....	383	2328
Minor Injuries .....	159	357
Otorrhoea .....	..	..
Otitis Media .....	1	1
Other Ear .....	36	46
Conjunctivitis .....	..	..
Blepharitis .....	1	1
Other Eye .....	36	101
Miscellaneous .....	149	745
Verruca .....	158	162
	1551	5844

**Tonsils and Adenoids.**

In all, 233 children were operated upon during the year from the operation waiting list compiled by the School Health Service. 325 remained on the list at the end of the year.

The department is notified of all children operated upon, to ensure follow-up on discharge.

**Visual Defects.**

The Authority has continued to use the Supplementary Ophthalmic Services for the supply of spectacles to school children.

Clinics were restricted during 1969 owing to the illness of the Consultant Ophthalmologist, Mr. P. R. Stevens. The department was able to secure the services of Mr. D. M. Somerville for a limited number of sessions, but inevitably the number of children dealt with during the year was much reduced.

768 attendances were made at 50 sessions. Of these attenders, 244 were new cases : spectacles were prescribed for 404 children.

**Physiotherapy and Remedial Exercises Clinic**

	<i>Health Centres</i>		<i>Open Air School</i>	
	<i>Cases</i>	<i>Attendances</i>	<i>Cases</i>	<i>Attendances</i>
Remedial Exercises—				
Breathing Exercises ..	35	128	24	223
Posture .. ..	29	175	4	58
Poliomyelitis .. ..	1	11	1	36
Feet .. ..	232	1042	9	648
Knock Knees ..	47	237	14	156
Congenital Defects ..	41	424	-	-
Others .. ..	10	53	-	-
Electrical Treatment ..	4	25	-	-
Ultra Violet Light ..	112	1168	14	174
	<hr/>	<hr/>	<hr/>	<hr/>
	511	3263	66	1295

## Orthoptic Clinic

With the exception of the last two months of 1969, the Orthoptic Department continued to function with two full-time and one part-time Orthoptists. Miss A. Greenwood resigned in March (after eight years service to the Department) and was succeeded by Miss S. Murphy.

During this period, 15 sessions per fortnight were carried out at both the Montague and Larkhill Health Centres, whilst six sessions per week were continued at Blackburn Royal Infirmary.

In November, Miss Murphy resigned as did Mrs. Ainsworth (the part-time Orthoptist) and until the end of the year the sessions at Blackburn Royal Infirmary were, of necessity, reduced to two per week, whilst all Montague patients were referred to Larkhill Health Centre.

### Statistics for 1969

	<i>Borough</i>				<i>County</i>
<i>Larkhill Health Centre</i>					
Number of new cases	..	..	37	..	41
Total Number of Attendances	....	1072	..	948	
			— 2040 —		
<i>Discharged</i>					
Cured	..	..	20	....	21
Cosmetic	..	..	6	....	10
Failed to Attend and Left District				— 10 —	
<i>Montague Health Centre</i>					
Number of new cases	..	..	31	....	30
Total number of attendances	..	542	....	769	
			— 1311 —		
<i>Discharged</i>					
Cured	..	..	5	....	7
Cosmetic	..	..	6	....	12
Failed to Attend and Left District				— 1 —	
<i>Blackburn Royal Infirmary</i>					
Number of new cases	..	..	246		
Total number of attendances	..	..	1788		
(Borough and County)					
Number of Operations	..	..	105		
Total Cases Attending : Borough	..	..	824		
County	..	..	695		
			1519		



## Speech

After approximately ten months closure, the Speech Therapy Service re-opened in March, on the appointment of Miss Jennifer B. Senior, as Senior Therapist. In May, Mrs. Jean Knight joined the staff on a part-time basis, working five mornings per week, sessions being arranged as follows :—

Larkhill Health Centre	..	6 sessions
Montague Health Centre	..	5 „
Gladstone Street School	..	1 session
Crosshill E.S.N. School	..	1 „
Blackamoor Special School	..	2 sessions
Blackburn Royal Infirmary	..	1 session

In August, Miss Ruth Daniels joined the Staff after completing her training at Manchester. Consequently both Larkhill and Montague Health Centres are virtually filled with clinics. Miss Daniels organises eight sessions at Montague Health Centre, two at Crosshill School. Mrs. Knight continues as before, and Mrs. Scott (formerly Miss Senior) now has eight sessions at Larkhill Health Centre, one at Gladstone Street School and one at Blackburn Royal Infirmary.

When the Service re-started there was a case-load of approximately 150 children previously attending for therapy plus 40 awaiting first interview. By the end of May, apart from persistent "failed to attends" all these children had been interviewed and re-assessed and regular treatments commenced at both Health Centres. A similar process was carried out in the schools.

### *Larkhill Health Centre*

At the end of the year, of 78 children still attending, two children with cleft palates and nineteen stammerers have been receiving treatment. There are two spastics, another is thought to be Dyslexic and another Dispraxic. The remaining 53 children attend because of some aspect of Dyslalia or retarded language development. A few of these children have associated minor hearing losses.

By the end of December, out of 72 patients four children with cleft palate and nineteen stammerers had received therapy. There is one Dysphasic child and one thought to be Dyspraxic, while another has been diagnosed as a 'clutterer'. The remaining 46 again fall into the categories Dyslalia and retarded language development.

### *Montague Health Centre*

Work in Special Schools provides a different atmosphere and while contact with teachers is very valuable, it is regretted that there is frequently little or no contact with parents, unless they can be persuaded to attend the Health Centres during school holidays. Both full-time therapists have made regular visits to Infants and Junior Schools and found discussion with the teachers about the progress of particular patients very helpful.

At the Health Centres new play equipment has been acquired, to the delight of the children. Both centres possess an Electronic Metronome for treatment with stammerers. They are being used with apparent success and one patient has been so encouraged that he had one made for himself to be used outside the clinical situation.

Tests for Diagnosis and Assessment of Reading, Language and Comprehension and Dysphasia have been acquired, so that the therapists are better able to understand all the difficulties of their patients. This is particularly relevant in the sphere of reading, as, unfortunately, there is no Remedial Reading service. Many Speech Defective children have reading difficulties.

It was not thought necessary to have any screen-hearing tests owing to the excellent co-operation between the Audiometrician and the Therapists, which allows for a routine hearing test when a child is referred for Speech Therapy.

Working in the Health Centres provides opportunity for discussion with other professional colleagues concerning individual cases. Referrals for other opinions can also be made more easily within this situation. However it is regretted that incoming referrals from schools and satellite clinics are somewhat slow, and it is hoped that this situation may be rectified in the future.

In September following a request from the Director of Studies, students from the Elizabeth Gaskill School of Speech Therapy in Manchester commenced attendance at Larkhill Health Centre for observation and practical experience in the clinic. They attended once a week until Christmas.

During the year, staff meetings have been held at approximately two monthly intervals for General Discussion, Treatments and Techniques and clarification of administration. Each therapist enjoys and benefits from discussion with her colleagues.

#### *Statistical Details*

Clinic cases	..	..	..	..	181
Crosshill cases	..	..	..	..	56
Blackamoor cases	..	..	..	..	24
Junior Training Centre			..	..	25
Pre-School Children	..	..	..	..	13
Discharged	..	..	..	..	101
On Books at end of year			..	..	198
Number of attendances			..	..	2150

**Child Guidance Clinic.**

During the year ninety-two children were seen by the Psychiatrist and Educational Psychologist.

The results of the cases referred were :

	Total
Children for Day E.S.N. School .....	24
Recommended for Residential School .....	28
Recommended for Black-a-moor Special School	4
Wilkinson House .....	4
Family Group Home .....	4
Deferred action.....	9
No further action .....	17
Others .....	2

**Audiometry.**

During 1969, 4,330 children were tested with the following results :

Referred for further investigation .....	420
Failed .....	375
Pupils known to have been provided with hearing aids during the year .....	4
Hearing Aids provided in previous years .....	26

## SECTION THREE

### DENTAL INSPECTION AND TREATMENT

Report by the Principal Dental Officer Mr. J. Rigby

During the year under review the staffing position remained as in 1968, namely two full time Dental Officers and two part-time, giving an equivalent of 2.6 full time officers. The Orthodontist continues to attend two sessions weekly, one session at each Health Centre.

Routine dental inspections at school were approximately 12,500 in number, rather more than in 1968. This constitutes about  $\frac{3}{4}$  of the school population. With the present staff available this would seem to be the limit.

Acceptances from routine dental treatment are definitely on the increase, and we are getting constant enquiries from parents whose children have not been inspected, or maybe were absent at the inspection. Attendances for casual treatment of which about  $\frac{4}{5}$ ths are emergencies are similar to 1968. The greater proportion of these patients present themselves for treatment at the Larkhill Clinic. This is no doubt, due to the fact that fewer dental inspections are carried out in this sector of the town, allied to the fact that the greater number of primary schools are sited in this area. Extractions of temporary teeth always tend to constitute the major portion of emergency treatment. Additionally, in the eastern half of Blackburn there are very few private practitioners.

Oral hygiene appears to be showing an improvement each year, but this is much less evident in the Senior Schools, particularly the boys, than in the primary ones.

With regard to senior schools, as the numbers increase, it is becoming a major operation to arrange a routine dental inspection. It is not easy to sort out this problem. With large numbers involved (900 or so) dental record cards are apt to get lost and the actual time involved, both on inspection and the resulting clerical work, is quite considerable. The best part of a week can be taken up with this task, which means absence from the surgery.

Although it does not strictly come under the title of this report, it is interesting to note that approximately 500 children under school age were treated by the Authority this year. A certain number of these are referred by the Health Visitors and Medico-Social Workers, but the greater part come as a result of routine inspection of children between the ages of  $2\frac{1}{2}$  to  $3\frac{1}{2}$ . We endeavour to do these inspections during the school holidays, and this year have succeeded in doing so.

Of these children invited for inspection about 35% actually attend. However, when appointments are made for treatment the response is very good.

As regards Orthodontist Treatment the demand has been maintained with the waiting period at Montague Health Centre somewhat larger than in the Larkhill Clinic. As has been mentioned in previous reports, the prime importance of, amongst other things, efficient oral hygiene is essential before any prolonged, or, for that matter, shorter course of treatment is undertaken. Also, it goes without saying that all conservation work should be carried out regularly during this period.



The Consultant Dental Surgeon at the Infirmary has given us every help in the cases that have been referred there and we would like to thank him for his assistance.

In conclusion, may I say how I appreciate the co-operation and willing work put in by the Dental Staff during the year. Also the teachers for their help at school inspections, and the ensuring arrangements for appointments.

# 1. Attendances and Treatment

First Visits	..	..	..	..	..	..	3731
Subsequent Visits	..	..	..	..	..	..	3632
Total Visits	..	..	..	..	..	..	7363
Additional courses of treatment commenced	..	..	..	..	..	..	152
Fillings in permanent teeth	..	..	..	..	..	..	3513
Fillings in deciduous teeth	..	..	..	..	..	..	959
Permanent teeth filled	..	..	..	..	..	..	3171
Deciduous teeth filled	..	..	..	..	..	..	862
Permanent teeth extracted	..	..	..	..	..	..	1013
Deciduous teeth extracted	..	..	..	..	..	..	2698
General anaesthetics	..	..	..	..	..	..	624
Emergencies	..	..	..	..	..	..	1299
Number of Pupils X-rayed	..	..	..	..	..	..	135
Prophylaxis	..	..	..	..	..	..	106
Teeth otherwise conserved	..	..	..	..	..	..	—
Number of teeth root filled	..	..	..	..	..	..	11
Inlays	..	..	..	..	..	..	—
Crowns	..	..	..	..	..	..	2
Courses of treatment completed	..	..	..	..	..	..	2324

## 2. ORTHODONTICS

Cases remaining from previous year	.. ..	72
New cases commenced during year	.. ..	36
Cases completed during year	.. .. .	22
Cases discontinued during year	.. .. .	—
No. of removable appliances fitted	.. ..	67
No. of fixed appliances fitted	.. ..	3
Pupils referred to Hospital Consultant..	..	—

## 3. PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)	.. ..	—
Pupils supplied with other dentures (first time)	.. ..	26
Number of dentures supplied	.. .. .	26

## 4. ANAESTHETICS

General Anaesthetics administered by Dental Officers	.. ..	—
--	-------	---

## 5. INSPECTIONS

(a) First inspection at school. Number of Pupils	.. .. .	10970
(b) First inspection at clinic. Number of Pupils	.. .. .	623
Number of (a)+(b) found to require treatment	.. .. .	7031
Number of (a)+(b) offered treatment	.. .. .	4579
(c) Pupils re-inspected at school clinic	.. .. .	1475
Number of (c) found to require treatment	.. .. .	874

## 6. SESSIONS

Sessions devoted to treatment	.. .. .	985
Sessions devoted to inspection	.. .. .	103
Sessions devoted to Dental Health Education	.. .. .	—

## SECTION FOUR

### INFECTIOUS DISEASES

Information as to the incidence of non-notifiable infectious disease is obtained from teachers, welfare officers, public health inspectors, medico-social workers, health visitors and parents.

The following table gives particulars of cases of infectious diseases occurring in school children during 1969.

**Table 11**

Period	Scarlet Fever	Measles	Whooping Cough	Chicken Pox	Mumps	Dysentery	Food Poisoning	Encephalitis Lethargica	Infective Hepatitis	Tuberculosis
January- April	26	126	1	24	-	4	4	-	24	2
May-August	23	67	-	5	-	2	4	-	11	-
September- December	14	4	-	1	4	-	2	1	11	2
TOTALS ..	63	197	1	30	4	6	10	1	46	4

## SECTION FIVE

### HANDICAPPED PUPILS

#### Ascertainment

The arrangements for the ascertainment of pupils requiring special educational treatment are covered by regulation of the Minister of Education, and have been detailed in previous reports.

#### Special School Provision

There are three special schools provided by the Authority, a School for Delicate and Physically Handicapped children, a Unit for Partially Sighted Pupils and Crosshill School for Educationally Subnormal Pupils.

#### Blackamoor School

I append a report of the School's activities by the Headmaster, Mr. H. H. Evans :

Thirty-six children were admitted and thirty-seven discharged during 1969 ; one hundred and thirty-five being in attendance at the end of the year.

The reasons for the admissions of the thirty-six new cases were as follows :—

Delicate and General		Fibrosystic Disease	
Debility .. .. .	7	of Pancreas .. ..	1
Respiratory Complaints ..	12	Epilepsy .. .. .	1
Diabetes Mellitus .. ..	1	Generalised Psoriasis ..	1
Muscular Dystrophy .. ..	1	Spina Bifida .. .. .	1
Perthe's Disease .. .. .	1	Brain Injury .. .. .	1
Congenital Heart .. .. .	1	Post Encephalitis .. ..	1
Blind left eye, ear trouble		Post Polio .. .. .	1
and Heart Murmur .. ..	1	Partially Hearing .. ..	3

Re-admitted after periods of hospitalisation, 2

An assessment of categories of handicap taken at the end of each of the last five years shows as follows :—

	1965	1966	1967	1968	1969
Delicate .. .. .	107	94	101	83	37
Physically Handicapped ..	19	30	24	31	75
Epileptic .. .. .	2	4	5	7	7
Partially Hearing .. .. .	—	4	3	5	7
Maladjusted .. .. .	—	3	4	6	5
Speech Defect .. .. .	4	1	—	2	3
Partially Sighted .. ..	1	2	2	2	1
	133	138	139	136	135

There were four thousand, nine hundred and forty-nine visits to the medical room during the year. Children having fits were attended on ten occasions by the school nurse. The ambulance was called on four occasions to take children to Blackburn Royal Infirmary.



Children treated by the physiotherapist were as follows :—

		1968		1969
Breathing exercises for asthmatics	..	373	....	223
Breathing and postural exercises	..	369	....	58
Individuals	.. .. .	380	....	498
Sunlight	.. .. .	270	....	174

Average attendances were :—

Easter Term	74.4%
Summer Term	86.2%
Autumn Term	79.2%

The highest percentage of average attendance was 89.9%.

The assessment of categories of handicap shown earlier indicates a further increase in the number of children classified as other than Delicate. The wide range of handicap has placed an increased load on the teaching and medical staff. It is more than ever necessary to assess and study the learning problems of each child and to look for methods of dealing with them ; much is being done in this field. Class size ranges from eighteen to twenty-six children per class and the ability range is considerable. This problem has to some extent been alleviated by the appointment of a new teacher who joined the staff in September ; it is expected that another classroom will be completed and ready for use during the early part of 1970.

The increase in the numbers of handicapped children is also felt in the matter of accommodation. Classrooms which were built to cope with delicate children are not large enough to include children using wheel chairs, crutches and other walking aids ; the use of modern teaching aids also makes extra demands on available accommodation. The smallness of classroom is felt all through the school though more particularly in the infant department. The two rooms which house the Partially Sighted Unit are also proving too small for their purpose.

The change in categories of handicap is also reflected in the figures showing treatment by the physiotherapist. The need to give more time to individuals has meant that breathing, postural exercises and sunlight have had to suffer.

Reorganisation has affected the School Medical Services. Doctor is not seen in school quite so often and our Medico Social Worker comes in only once or twice a week. We are not, in fact, as well served as when the school was designated Open Air and admitted fewer handicapped children.

It would seem therefore that some serious rethinking is needed as regards the future of the school by both the Education and Health Departments.

Mr. Halliwell, our senior class teacher and Careers master, has made a survey covering the placement of school leavers. A copy of this survey follows :—

## SUMMARY OF SCHOOL LEAVERS, JULY 1967-69

J. T. Halliwell, Dip.Ed.

### Summary of analysis :

The survey included the total number of children who actually left school and entered employment (EMP) or further education (F.E). No account was taken of children leaving either to another school or district. The survey covered a period July, 1967, to July, 1969, inclusive.

Tables 1 to 3 are concerned with children who entered employment or further education.

Tables 4 to 6 are concerned with occupational groups ; manual, secretarial and apprenticeship.

Table 1 : Total number of children who entered employment (EMP) or further education (F.E.).

Year	Total All Children	Total Entering		% EMP	% F.E.
		EMP	F.E.		
1967	11	11	0	100.00	00.00
1968	13	9	4	69.24	30.76
1969	15	10	5	66.76	33.33
TOTAL	39	30	9	76.93	23.07

Table 2 : Number of boys who entered employment (EMP) or further education (F.E.).

Year	Total Boys	Total Entering		% EMP.	% F.E.
		EMP.	F.E.		
1967	5	5	0	100.00	00.00
1968	8	4	4	50.00	50.00
1969	4	2	2	50.00	50.0
TOTAL	17	11	6	64.71	35.29

Table 3 : Number of girls who entered employment (EMP) or further education (F.E.).

Year	Total Girls	Total Entering		% EMP.	% F.E.
		EMP	F.E.		
1967	6	6	0	100.00	0.000
1968	5	5	—	100.00	00.00
1969	11	8	3	72.73	27.27
TOTAL	22	19	3	86.37	13.63

Table 4 : Occupational analysis : Total number of children (Manual—M, Secretarial—S, Apprenticeship—A.).

Year	Total All Children	Occupation			%	
		M	S.	A.	M.	S. & A.
1967	11	10	0	1	90.91	9.09
1968	13	4	2	7	30.76	69.24
1969	15	8	3	4	53.33	46.67
TOTAL	39	22	5	12	56.41	43.59

Table 5 : Occupational analysis : Boys  
(Manual—M, Secretarial—S, Apprenticeship—A).

Year	Total Boys	Occupation			%	
		M	S	A	M	S. & A.
1967	5	4	—	1	80.00	20.00
1968	8	1	—	7	12.50	87.50
1969	4	—	—	4	00.00	100.00
TOTAL	17	5	—	12	29.41	70.59

Table 6 : Occupational analysis : Girls  
(Manual—M, Secretarial—S, Apprenticeship—A).

Year	Total Girls	Occupation			%	
		M	S	A	M	S. & A.
1967	6	6	—	—	100.00	00.00
1968	5	3	2	—	60.00	40.00
1969	11	8	3	—	72.80	27.20
TOTAL	22	17	5	—	77.28	22.72

## Conclusion

Several points emerge from an analysis of the preceding tables. First, the most encouraging number of children entering full-time further education (Table 1). The latter being in the form of pre-apprenticeship or secretarial training.

Second, the high percentage of boys who have been placed in some form of apprenticeship (Table 5). On the other hand, one has to notice the low percentage of girls placed in employment other than unskilled work (Table 6). This comparison however reflects upon the employment system rather than the capabilities of the girls.

Third, it is obvious that these excellent results have not only been achieved by long, and sometimes arduous, work on behalf of teaching, medical and employment agencies ; but also by the children themselves. However, one must not become too complaisant, for the placing of children in employment other than unskilled work will become increasingly difficult. Whereas in the past we have been dealing with children who were primarily delicate we have now the added problem of children entering school with other debilities. The latter having physical, social and mental handicaps.

Whilst some mention has been made of the shortage of services we cannot complain of the quality.

I would again like to thank all the school staffs : teaching, medical and others for their unstinting labour and constant enthusiasm. May I also thank the various departments of the Education Office and School Health Service for their constant efforts on our behalf.

T. HARLING, *Headmaster.*



## Partially Sighted Unit—Blackamoor

The year began with 14 children on roll, eight boys and six girls with an age range of 5 to 15+ years. During the year four girls were admitted and one girl and two boys left. Thus the number on roll at the end of the year is 15, nine girls and six boys with an age range of 6 to 15+.

Having been established in our new Unit here for just over a year, we can now assess the advantages and disadvantages of our being moved from our old location in Corporation Park. On the plus side there is the fact that we can take advantage of the science laboratory, medical room and staff, domestic science room, boys' handicraft room, and the sports field.

On the negative side we are conscious of an acute lack of classroom space which, on the whole, was less acute previously. This is because there was a great deal of built-in shelving and cupboard space in the kitchen adjacent to the classrooms at our old location. Further, this kitchen was only used at lunch time and throughout the rest of the day the large sink, formica-topped table, and floor space were available for the young children to use for water play, sand play, and the more noisy types of play with large building blocks, etc. In our present set up everything that we had as a group II Special School in the old building now has to be housed and stored in two small classrooms. Thus, in the lower group's classroom particularly, space is very much at a premium and the partially sighted, physically handicapped and spastic young children forming part of this group are limited to two or three steps before bumping into a neighbouring desk or some other obstacle. Further, they are denied the advantages of using large apparatus, *e.g.* building blocks to give them confidence in seeing and handling things. Water play and sand play are out of the question, as are also the accepted infant apparatus such as a Wendy house, etc. It may help to put the matter into true perspective if it is realised that the entire space which we now occupy was originally earmarked for *one occasional* classroom to be used as a commercial room accommodating only twelve typing desks plus a teacher's desk. The view expressed here concerning the inadequacy of classroom space is also shared by others, some of whom may well be concerned in rectifying this urgent matter.

The Unit entertained several visitors during the year, including three members of the Education Committee, experienced teachers from Special Schools courses and others.

The children submitted several entries for the Agricultural Show and gained their fair share of prizes.

Statistics show a decrease in the demand for places for blind children and an increase in the number of children being born partially sighted, particularly with a secondary disability. When very strong rumours of 'regionalisation' are taken into account it appears that the demand on this Unit is likely to increase considerably.

The degree of integration which can be achieved with Blackamoor Special School is rather limited ; in fact we would think that the integration of blind children with our Unit is a better proposition, always on the understanding that a qualified teacher of the blind is appointed to serve their special needs. This view is also shared by at least one important body who have submitted evidence to the Committee of Enquiry into the Education of the Visually Handicapped which the Department of Education and Science has set up.



In conclusion, we would claim indulgence for the length and, perhaps, the greater part of the contents of this report ; it was felt, however, that this was the time to give as complete a picture as possible.

H. H. EVANS, *Headmaster.*

### **Crosshill School**

During the year 30 children were admitted. Eleven left for employment, three for residential placement, two to Gladstone Street Training Centre and five left the district. At the end of the year 175 children were on roll.

Activities in the school have continued along favourable lines throughout the year, with the usual seasonal topics providing opportunity for more experience and enjoyment. Sporting competitions with Special Schools in the County are a regular feature of the school's involvement outside. Contact in sport and social arrangements afterwards provide an excellent opportunity for self control and maturation. Visits involving general experiences, vocational interest and pure enjoyment also played their part in the development of both individual and community well-being.

Disturbed children in every class continue to pose particular problems. Absence of colleagues throws an added burden on to the whole staff. Temporary teachers could not cope successfully for short periods since it is so essential to fully understand all individual problems. Consequently it is less upsetting to utilise staff in the school, so preventing general staff-pupil misunderstanding. A good case could be made out for an extra member of staff to be available for such contingencies. At other times diagnosis and treatment of individual difficulties would be more easily carried out.

Parent Teacher meetings continue to provide ample opportunity for discussion and clarification of particular and general difficulties. A Christmas Fair proved to be a great success.

Regular contact with other branches of the Schools Health Service is greatly appreciated. Differences of opinion over specific problems do not alter the fact that we are striving for the same ends—the all round development of special school children to reach their greatest potential.

**Table 12**  
**Handicapped Children — New Assessments and Placements**

During calendar year ended 31st December, 1969:		Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Mal-adjusted	E.S.N.	Epileptic	Speech Defect	Total
<b>A</b>	Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	..	1	..	2	8	11	13	32	2	1	70
	boys	..	1	..	..	4	8	2	12	1	..	28
<b>B</b>	(i) of those included at A above	..	1	..	..	7	11	3	12	2	..	36
	girls	..	1	..	..	4	8	2	5	1	..	21
	(ii) of those assessed prior to January, 1969	..	..	..	..	..	..	2	8	..	..	10
	boys	..	..	..	..	..	2	..	6	..	..	8
	girls	..	..	..	..	..	..	..	20	2	..	46
	(iii) Total newly placed—B(i) and (ii)	..	1	..	..	4	10	2	11	1	..	29
	boys	..	1	..	..	7	11	5	20	2	..	46
	girls	..	1	..	..	4	10	2	11	1	..	29

## Analysis of Special Schools to which Blackburn Children have been admitted.

On 20th January, 1970, four hundred and eighty six children (228 boys and 158 girls) were in special schools as follows :—

BLIND PUPILS					Boys		Girls
Wavertree School, Liverpool	..	..	..	..	2	..	1
St. Vincent's, Liverpool	..	..	..	..	1	..	—
PARTIALLY SIGHTED PUPILS							
Partially Sighted Class, Black-a-Moor	..	..	..	..	1	..	5
Black-a-Moor Special School	..	..	..	..	1	..	—
Exhall Grange, Coventry	..	..	..	..	1	..	—
DEAF PUPILS							
Mary Hare Grammar School, Newbury	..	..	..	..	—	..	1
Royal Cross School for the Deaf, Preston	..	..	..	..	4	..	9
PARTIAL HEARING PUPILS							
Thomasson Memorial School, Bolton	..	..	..	..	3	..	—
Southport School for Partial Hearing	..	..	..	..	1	..	—
Black-a-moor Special School	..	..	..	..	3	..	4
DELICATE PUPILS							
Black-a-Moor Special School	..	..	..	..	13	..	25
St. Catherine's, Isle of Wight	..	..	..	..	—	..	1
Lostock Open Air, Bolton	..	..	..	..	—	..	1
Pilgrim's School, Seaford	..	..	..	..	1	..	—
Meath School, Ottershaw	..	..	..	..	1	..	—
EDUCATIONALLY SUBNORMAL PUPILS							
Eden Grove, Appleby	..	..	..	..	3	..	—
Crosshill Special School	..	..	..	..	102	..	71
Crowthorn, Bolton	..	..	..	..	3	..	1
St. Joseph's, Cranleigh	..	..	..	..	2	..	—
Massey Hall, Warrington	..	..	..	..	—	..	1
Pontville, Ormskirk	..	..	..	..	1	..	—
Jesmond Dene, Newcastle	..	..	..	..	—	..	1
Beechwood, Liverpool	..	..	..	..	—	..	1
Hilton Grange	..	..	..	..	1	..	—
Hindley Hall	..	..	..	..	1	..	—
MALADJUSTED							
Pitt House, Devon	..	..	..	..	3	..	—
Cheveley Rectory, Newmarket	..	..	..	..	3	..	—
Eden Grove, Appleby	..	..	..	..	2	..	—
Cotswold Chine, Stroud	..	..	..	..	1	..	—
Burnt Norton, Gloucester	..	..	..	..	2	..	—
Black-a-moor Special School	..	..	..	..	3	..	3
William Henry Smith, Boothroyd	..	..	..	..	1	..	—
Wennington Hall, Hornby	..	..	..	..	1	..	—
Badgeworth Court	..	..	..	..	1	..	—
Childscourt, Wincanton	..	..	..	..	2	..	—
St. Peter's, Horbury	..	..	..	..	—	..	1
Wessington Court	..	..	..	..	1	..	—
EPILEPTIC PUPILS							
Harrison Home, Maghull	..	..	..	..	—	..	1
Black-a-moor Special School	..	..	..	..	6	..	1
Colthurst House, Cheshire	..	..	..	..	1	..	—
Maghull, Liverpool	..	..	..	..	1	..	—
Sedgwick House	..	..	..	..	1	..	—
Chilton School, Maghull	..	..	..	..	—	..	1
PHYSICALLY HANDICAPPED							
Chailey Heritage, Lewes	..	..	..	..	1	..	—
Black-a-moor Special School	..	..	..	..	50	..	27
Birtenshaw Hall, Bolton	..	..	..	..	2	..	1
Convalescent Home and School, West Kirby	..	..	..	..	—	..	1
Standish Hostel	..	..	..	..	1	..	—

## **SECTION SIX**

### **MISCELLANEOUS**

#### **Co-operation**

Teachers, parents and School Welfare Officers have fully co-operated in the work of the School Medical department. To them my thanks are expressed.

#### **Employment of Children and Young Persons.**

School Medical Officers examined 2132 children for employment during the year.

One hundred and ninety-three children (135 boys and 58 girls) were licensed for employment out of school hours ; no children were licensed to take part in entertainments.

#### **National Society for the Prevention of Cruelty to Children**

I append a report from the Group Officer, Mr. T. Bamber :—

“ I had reason to take an active interest in the welfare of 430 children. It is very difficult to be specific as to the action taken, other than in respect of ten children who were brought before the Juvenile Court as being ‘in need of care, protection, or control’. In one case the child was returned to the parent, case dismissed, but the remaining nine children were committed to the care of the Local Authority. In every other case, the children were supervised until the cause for concern ceased to exist, and in many cases the supervision is still being maintained. Or alternatively, the families were referred to a more appropriate agency.”

#### **Report on Physical Education**

I am indebted to the Chief Education Officer for the following report :—

“ When the new Junior and Infant schools are opened they are well equipped for physical education and the facilities are much used with great enthusiasm ; the P.E. programmes are often limited in the older and less well equipped schools particularly in regard to organised games on a playing field. However the teachers arrange what is possible and organise many matches, leagues and sports events.

By now all Secondary schools, except one, have well equipped gymnasias and it is hoped that in future building programmes Sports Halls will be added. The one Sports Hall at Pleckgate School, now in use for over a year, is much appreciated and has been used for a wide variety of activities by the school, other schools and others. Progress in games in some Secondary schools is still hampered by reason of the playing fields on the spot not yet being ready for use.



The sudden closure of Freckleton Street Baths in April caused an immediate cut in school swimming instruction by nearly one third. As a temporary measure extra periods were arranged at the other two Baths in dinner hours. From the beginning of the school year in September it was possible to re-arrange the programmes at the two baths so that the time allocated to juniors remained as formerly. Unfortunately, it has been necessary to cut swimming instruction for Secondary schools by nearly one half ; but it is hoped that this still enables the few non-swimmers and the less able ones to continue with instruction in the Secondary school. Re-arrangements of the programmes in each case was greatly facilitated by mixed classes being permitted at each Bath."

### School Meals Service

Meals supplied to children during the year, 1st January to 31st December, 1969.

Primary and Secondary Schools :

	Free	..	..	..	252,767	
	Paid	..	..	..	1,884,868	
					<hr/>	2,137,635
Special Schools:	Free	..	..	..	12,539	
	Paid	..	..	..	37,416	
					<hr/>	49,955
Nursery	Free	..	..	..	387	
(to July)	Paid	..	..	..	9,741	
					<hr/>	10,128
Junior Training Centre		..	..	..	7,708	
					<hr/>	7,708
					<hr/>	2,205,426
					<hr/>	
Milk supplied to school (½-pint bottles)						1,948,874
						<hr/>

### Average daily number fed during each month in 1969 :

January	12,984	May	11,194	September	12,749
February	12,471	June	11,818	October	13,030
March	12,796	July	11,645	November	11,965
April	12,728	August	—	December	12,346

# DEPARTMENT OF EDUCATION AND SCIENCE

## MEDICAL INSPECTION AND TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

### GROUP A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	77
Errors of refraction (including squint) .. .. .	662
TOTAL .. .. .	739
Number of pupils for whom spectacles were prescribed ..	458

### GROUP B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .. .. .	46
(b) for adenoids and chronic tonsillitis .. .. .	185
(c) for other nose and throat conditions .. .. .	51
Received other forms of treatment .. .. .	13
Total .. .. .	295
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1969 .. .. .	4
(b) in previous years .. .. .	26

### GROUP C—ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
(a) Pupils treated at clinics or out-patient departments .. .. .	315
(b) Pupils treated at school for postural defects .. .. .	4
Total .. .. .	319

**GROUP D.—DISEASES OF THE SKIN**

	No. of cases known to have been dealt with
Ringworm—(i) Scalp .. .. .	—
(ii) Body .. .. .	5
Scabies .. .. .	172
Impetigo .. .. .	60
Other skin diseases .. .. .	391
TOTAL .. .. .	628

**GROUP E.—CHILD GUIDANCE TREATMENT**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. .. .	92
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**GROUP F.—SPEECH THERAPY**

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	299
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**GROUP G.—OTHER TREATMENT GIVEN**

(a) Number of miscellaneous minor ailments treated by the Authority .. .. .	262
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	10
(c) Pupils who received B.C.G. .. .. .	1172
(d) Others—	
1. Orthoptics* .. .. .	824
2. Sunlight .. .. .	126
3. Cleansing .. .. .	383
4. Chiropody .. .. .	694
5. Audiometry .. .. .	4330
TOTAL (a—d).. .. .	7801

\* In addition 695 Lancashire County Council pupils were dealt with during the year.





## **CONCLUSION**

I began this Report with reference to the demise of the Public Health Service as a dynamic cohesive force and the need to document progress over the past century.

It has, I hope, also established a baseline—the precise state of development achieved by the department on the eve of legislation which is calculated deliberately to fragment all that has been built up.

I trust that those who have troubled to read the result will consider the exercise to have been worthwhile.

The historical background to the Report has involved much research, and as always in such exercises, vastly more material is rejected than ultimately appears in print.

I would therefore like to express my gratitude to those members of the staff who have assisted or made contributions. At the same time, I would like to extend my thanks to all staff for the way in which they have assimilated themselves and their duties into this first full and complicated year of Health Centre working and transfer of the Central Administration from the Victoria Street premises to the Tower Block Extension.

Due to the incompatibility of the Calendar and Municipal Years, it is almost impossible to publish an Annual Report before the end of a current Municipal Year. The Chairman of the Health and Social Services Committee for the year covered by this Report (Mr. K. F. Worswick) was not returned at the 1970 Elections. Nevertheless, I would like to express my thanks to him and the Vice-Chairman (Councillor Dr. D. B. Murray), for their enthusiasm and encouragement extended to me during 1969.

The Report by its nature embraces all facets of the Department's history and work. Consequently, that on the School Health Service has been included in the same volume. Finally, therefore, may I also express my thanks to the Chairman and Vice-Chairman of the Education Committee, and to members of both Committees for their support and interest.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. ARDLEY,

Medical Officer of Health.













